THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XIV. PHILADELPHIA, MAY, 1892. No. 5.

ORIGINAL COMMUNICATIONS.

TOILET AND MEDICINAL SOAPS.

By JOHN V. SHOEMAKER, A.M., M.D.

THE skin may be briefly described as a dense layer, consisting chiefly of white, fibrous tissue, with which are intermingled yellow, elastic, and unstriped muscular fibres. It is abundantly supplied with blood-vessels, lymphatics, and nerves. Its outer surface is thrown up into little elevations, called papillæ, in which are lodged the tactile corpuscles. Sebaceous and sudoriparous glands are imbedded in its substance, while its exterior is protected by an epithelial covering divisible into four strata. The epithelial cells constituting the superficial layer are hard and dry, from loss of water and conversion of albumen into keratin. The cuticular appendages—hair and nail—are merely modifications of the epithelium.

The epithelial sheath, known as the cuticle or epidermis, is destitute of blood-vessels or nerves, and nourished solely by imbibition. The cells dry, harden, and flatten as they approach the surface, and are continually being shed as they lose their vitality. The hair and nails, as the limit of their growth is reached, require trimming.

The integument, as a whole, including the epiderm, protects the soft parts which it covers. The office of the epiderm is to shield the more delicate derm from mechanical and chemical irritants.

The functions of the true skin are varied and important. The sebaceous glands, situated in the substance of the skin, open, as a rule, into the hair-follicles, and lubricate the hair-shaft as it is gradually extruded. At the same time a cholesterin fat is formed within the cornified cells of the hair, nails, and most superficial layer of the epidermis. These fats render the skin soft and pliable, protect those portions which are exposed to atmospheric vicissitudes, and preserve the desiccated cells from cracking and exposing the softer cutis vera. They lessen friction and prevent maceration upon prolonged exposure to moisture. Perspiration is an excretory fluid, contains a small proportion of urea, and is of importance as a medium of elimination. A higher function performed by this fluid is the regulation of the temperature of the body. The skin is also a respiratory organ, absorbing oxygen and giving off carbonic acid. The general covering of the body, therefore, affords a certain degree of assistance to the work of the kidneys and the lungs.

The dry cells of the epiderm prevent the too rapid evaporation of water from the succulent tissues beneath, a loss which would be incompatible with their vitality. Finally, the elasticity and density of the corium, together with the mode of its attachment to the subcutaneous tissue, guard the deeper structures against the effects of violence.

The Action of Soap.—This brief rehearsal of anatomical and physiological facts prepares us to understand how intimately the health of the cutaneous envelope depends upon that of the general system. If the blood be depraved by the presence of noxious principles, whether generated within the organism or admitted from the external world,—if the nutrient fluid has not been properly elaborated, is lacking in red corpuscles and hæmoglobin,—the nutrition of the skin must suffer with that of all the other

tissues. Thus, gout, rheumatism, diabetes, cancer, scrofula, tuberculosis, syphilis, and fevers occasion more or less characteristic lesions of the integument. Anæmia, chlorosis, disease of liver or kidneys likewise impair the health of the integument. A healthy skin depends primarily upon healthy blood, proper nervous tone, and a healthy condition of capillary blood-vessels. All these conditions are interdependent. On the other hand, to perform its own highly useful functions, the skin itself requires frequent ablution. Exposed as it is to deleterious influences from within and without, it requires, for its utmost efficiency, scrupulous attention. The rate and uniformity of its capillary circulation is often rudely disturbed by atmospheric influences; inorganic and organic material is constantly being deposited upon its surface, and the accumulation of defilement is a frequent source of disease. An unclean skin offers an excellent soil for the growth of various pathogenetic micro-organisms, whereas a healthy integument is generally able to resist their invasion.

Personal beauty depends to a great degree upon the habits of life. We are not able, it is true, to reconstruct irregular features, but temperance, pure thoughts, and personal cleanliness produce good blood, a healthy skin, a bright eye, an expression of intellect, animation, and refinement, and this combination, to all intents and purposes, constitutes beauty. A fine complexion is an essential element of comeliness, and complexion, whether blonde or brunette, whether creamy, rosy, or olive, is due to activity of the circulation, the state of the blood, the presence of a sufficient but not excessive quantity of oil, the proper performance of the functions of the skin, and scrupulous cleanliness of the epithelial coat. The nutrition of the skin is to be chiefly secured by internal hygiene. The epithelial surface must be cleansed by local measures; by proper attention to the toilet. The mixture of epithelial *débris*, fatty matter, organic and inorganic deposits from within and without, cannot be effectually removed by the sole and unaided use of water. A substance is needed which is able to dissolve and emulsify the extraneous matter without inflicting any injury upon the living cells of the integument. Such a substance we have in soap; that is, if properly prepared.

A Good or Pure Soap.—In a strictly chemical sense, soap is a combination of a fatty acid with a basic metallic oxide, but the term is usually restricted to the product resulting from the union of fats and oils with alkaline substances, the latter combinations alone being soluble in water. In the manufacture of soap the fat is derived from various animal and vegetable sources. Tallow, suet, lard, palm-oil, olive-oil, cottonseed-oil, and cocoanut-oil are among those most frequently employed, the choice depending to a large extent upon the place of production, in consequence of the comparative supply and price of the different fats. The alkalies—potassium and sodium—are used almost exclusively in the form of caustic lyes. A broad, physical difference at once separates soda from potash soaps, the former being of relatively hard, the latter of soft consistence, although the soda soap may be made from a fluid fat and the potash soap from the solid fatty acids. Soft soap is restricted to the treatment of disease. Hard soap is used for purposes of the toilet, incidentally aiding in the sanitation of the skin, and acting also as a prophylactic against local disease. Many medicinal substances have been incorporated in the soda soaps, with the view of making their solutions useful adjuvants in the treatment of cutaneous maladies. Soda soaps are, therefore, divisible into toilet and medicinal soaps. I shall first speak of the former class.

The integument will become soiled in the contingencies of daily life, and requires to be cleansed with soap and water. In addition to merely removing dirt, the friction employed in the act of washing stimulates the tone and the circulation of the skin. The action of the soap is promoted by the use of warm and soft water, or water free from insoluble salts of lime. The fluid should not be too hot, nor should the soap be used too frequently or in too great a quantity. The dirt upon the skin is composed of dead and loosened epithelial scales, mixed with organic and inorganic materials, some of which have been thrown out of the system upon the skin, while others have been deposited upon the skin either from atmospheric contact or from articles which have been handled. The object of washing is obviously the removal of this deposit without injury to the epithelium. In order to fulfill these indications, soap should be of neutral reaction, or nearly so; in other words, should contain very little free alkali. According to

chemical calculation, an exact combination of fatty acids with an alkaline base should result in a product of neutral reaction. This result, however, is seldom or never attained in the process of manufacture. The soap-boiler roughly tests the reaction by the sense of taste, and it is asserted that the alkalinity of the same style of soap varies in each separate lot made. Be this as it may, an essential requisite of a good toilet soap is, that it contains a minimum proportion of free alkali. An undue amount of alkali present will act as a direct chemical irritant or even cauterant. A smaller proportion exerts an injurious influence, by dissolving the fat of the epithelium, leaving the latter dry, harsh, and easily disposed to crack. Many soaps, attractive to the sight and smell, sold for toilet use, are, on account of the alkali which they contain, no more fit to be used upon the skin than is laundry soap, and this statement is especially true of those made by the cold process. If a soap causes smarting as soon as the lather is applied, it should be washed away from the surface by means of a slightly acidulated solution,—lemon-juice, for example,—in order to neutralize the excess of soda. The essential oils used to communicate an agreeable perfume are often irritant in their effect, and the same is to be said of the brilliant colors used to render the preparation sightly and salable. Soap is thus defined by the United States Pharmacopœia: "A white or whitish solid, hard, yet easily cut when fresh, having a slight, peculiar odor, free from rancidity, a disagreeable, alkaline taste, and an alkaline reaction. It is readily soluble in water and alcohol." This definition applies to the white Castile, made with olive-oil, the type of a good soap. The red streaks in the mottled Castile are due to a deposit of an iron soap, which, being insoluble, detracts from the efficiency of the product and is therefore an impurity. Cocoanut-oil is the least desirable of fats for soap-making, as it requires a larger amount of alkali to saponify, the finished product retains a surplus of lye besides other irritants, and the oil itself is exceedingly prone to undergo decomposition. The only advantage it possesses is its solubility in salt water, whence its name "marine-soap."

Adulterated or Impure Soap.—For various commercial reasons of economical production, in order to meet competition, etc., various adulterations are frequently added to soap. Most of these seriously diminish its value as an article of the toilet. Resin is one of the commonest impurities, and is used because its acids require less soda in order to saponify. This is contained in the common yellow soap, which is a mixture of a resin soap, in the proportion of 10 to 40 per cent. or more, with any hard, fatty soap. The presence of a large amount of resin is decidedly irritant to delicate skins. Other substances which are often added are pearl-ash, silicate of soda, starch, sugar, and an excess of common salt. These adulterants are either harmful in themselves or are changed by the soda lye into deleterious substances. Transparent (so called) glycerin soaps are frequently completely destitute of glycerin, the transparency being due to the presence of sugar, of which the article may actually contain a larger quantity than of soap. These contaminations are more or less injurious to the integument, especially if it be diseased. Again, cheap soap is often made of imperfectly purified animal fat, which contains bacteria of putrefaction, and very probably, also, pathogenic organisms.

In the preparation of medicinal soaps a neutral reaction is of especial importance, as in a neutral mass the incorporated drug or drugs remain unchanged for an indefinite period, while in alkaline soaps they soon undergo chemical alteration.

Toilet Soaps.—A number of oleaginous and demulcent, or even slightly stimulant, substances make very acceptable additions to soap intended for toilet use. These, equally distributed throughout the mass and mingling with the lather, produce a softening or tonic effect upon the skin, due to themselves, and distinguished from the detergent action of the soap. A very narrow margin, in fact, separates some of the toilet preparations from those medicated to suit diseased conditions.

Lanolin Soap.—The presence of a certain amount of lanolin softens the integument, and neutralizes an irritant or solvent action due to an uncombined alkali.

Glycerin Soap.—A pure glycerin soap is an excellent preparation, particularly for use in the winter season, when the hands tend to become chapped. Glycerin soap usually contains equal quantities of pure, hard soap and glycerin. An excess of glycerin will dissolve the soap, and the mixture forms but a feeble lather.

Suet may be made use of instead of beef-tallow or lard.

Oatmeal Soap.—Oatmeal is an emollient ingredient of certain toilet soaps.

Bran soap is an emollient application to rough skins.

White Castile soap, made from olive-oil and soda, is one of the best articles for the toilet, being free from adventitious irritants, such as pigments and perfumes. The mottled Castile was formerly preferred, but the insoluble iron in no way adds to its efficiency, nor is it an indication of the absence of impurities.

Marsh-mallow Soap.—Marsh-mallow is an agreeable constituent of a toilet soap.

The oil of almond, incorporated in a soap, has an excellent softening effect upon the integument.

Pine-Needle Extract Soap.—A soap containing pine-needle extract has an admirable tonic effect, and is a useful disinfectant for the hands of physicians and surgeons.

Shaving Soap.—A special application, which appertains only to men, is a soap to facilitate the removal of the beard. An efficient shaving soap should be of the soda type and of semi-solid consistence. A small quantity of mild and agreeable perfume may acceptably be added in the process of manufacture. A soap which forms an abundant and rather thick froth permits the painless removal of hairs from the face, though the habit, so customary among barbers, of "close shaving," is mentioned here only to be condemned. It destroys a thin layer of the cuticle, lacerates the minute blood-vessels which surround the openings of the hair-follicles, and renders the skin irritable, tender, and prone to disease.

Unna has devised a soap which he terms superfatted. It is made with beef-tallow and a mixture of sodium and potassium in definite proportions. A slight excess—about 4 per cent.—of fat is present. This soap has been principally used as a basis for the incorporation of certain medicaments adapted to treatment of diseases of the skin. In the absence of such additions, however, it constitutes an excellent toilet article, cleansing the skin from dirt, yet leaving the natural unctuousness undisturbed. It is so prepared that the unsaponified fat does not readily become rancid. Superfatted soap, used with warm water, is said to be admirably suited for use in shaving.

Potassium and Sodium Soaps.—Turning now from its hygienic, prophylactic, and cosmetic properties, we find that saponaceous preparations have a decided sphere of usefulness in the treatment of cutaneous disorders. It is self-evident that, when a surface has been cleansed of foreign matter and pathological products, it is placed under the most favorable circumstances for the action of whatsoever topical remedy with which it is brought into contact, irrespective of the form in which that remedy may be applied. Cases differ, conditions differ, and stages differ, so that powders, lotions, ointments, pastes, and soaps have each their peculiar range of utility. But the fact that the very agent which cleanses a certain area is also the vehicle by which a remedy is applied is a sound argument for the employment of medicinal soaps.

Both the hard and the soft variety have been used in dermato-therapy. I shall dwell first upon the latter, because it has been most widely used and is more powerful in its effects.

Soft or Potassium Soap.—Soft or potash soap is variously known under the names of sapo mollis, sapo viridis, green, brown, or black soap. It contains a certain excess of alkali, and may be made from either animal fat or vegetable oil, olive-oil being chiefly used in its manufacture. The form in which it is met with is often unsatisfactory, and only the carefully-prepared product of the best makers should be selected. Green soap should have the consistence of jelly, should not flow from an upturned vessel, should have a brownish or greenish color, be soft and perfectly homogeneous, have a strong, caustic odor, and an acrid, alkaline taste. It should contain no sand, and should be soluble in alcohol, with little residue. The best quality comes to this country from certain German manufacturers. Green soap softens, macerates, or even destroys the epiderm, the effect varying according as it is or is not applied with friction, and according to the time during which it is left upon the surface. It may be used under its own form or in that of an alcoholic solution, 2 parts of the soap being dissolved in 1 of alcohol. The solution removes its disagreeable odor, and, when filtered and scented with the spirit of lavender, it is known as spiritus saponis kalinis, or Hebra's spirit of soap. In the "soap cure" sapo viridis is allowed to remain for some time in contact with the affected region, or is even applied with friction until blood oozes from the surface. It is used in this manner, especially in chronic eczema

and psoriasis. When sufficient irritation has been excited, some sedative application may be used in its place. In psoriasis the patient, after having been vigorously rubbed with soft soap, is sometimes kept for three days wrapped in a blanket impregnated with the soap, at the expiration of which time he is allowed to take a bath. In eczema affecting the scrotum green soap may be applied as a poultice, until the epidermis has been destroyed and the surface is covered with a free exudation. Good results are undoubtedly often secured by these methods, but they are too heroic for general adoption in this country. American skins are too thin to bear with impunity such severe treatment. An excessive irritation is produced, and the disease is not infrequently aggravated. Moreover, American people will not submit for any considerable period to harsh measures and confinement to a hospital bed on account of a condition which, though a source of annoyance and mortification, does not interfere with a successful prosecution of business.

Employed in moderation, however, soft soap removes scales, crusts, and dirt, and is beneficial in the treatment of seborrhœa, ichthyosis, pityriasis, eczema, and psoriasis; acne, rosacea, elephantiasis, leucoderma, scrofuloderma, and syphiloderm. Kappesser, Senator, and others have made use of it successfully in the treatment of enlarged glands, whether due to simple inflammation, syphilis, or scrofula. Beetz speaks favorably of its action in many cases of subcutaneous and glandular suppuration. In scrofulous or tuberculous disease of the mesenteric glands, periostitis, or caries, amendment has followed the practice of the same method.

In carrying out this treatment, the best procedure is to first rub the soap lightly with the ends of the fingers upon a small portion of the diseased patch, gradually covering a larger area, until the whole affected surface, if not too large, may be treated at one *séance*. If the area be too extensive, it may be gone over in sections, one portion at a time. If this manner of operating be well borne, it may be prosecuted more vigorously, either by assistance of the finger-tips, a piece of flannel, or a brush. Finally, upon cessation of the manipulations, the surface should be washed.

The spirit of soap, either pure or diluted with 3 parts of cologne-water, makes an effective liniment in cases of sprains, stiffness, and pain of joints, etc. Anodynes, such as aconite, chloroform, or laudanum, may be very serviceably combined with it for use in these affections.

The soft-soap treatment is effective, but must be carefully supervised. It is capable of readily penetrating the tissues, and, therefore, must be sedulously watched if used in acute cases or upon delicate skins.

Soda soap is of comparatively hard consistence and is milder in its action. It can be used in the same class of cases to which potash soap is applicable, and we may often, therefore, have our choice between the two forms. As a matter of practice, it will often be found of benefit to begin with the hard and subsequently resort to the use of soft soap. Even in the therapeutical employment of soft soap, however, judicious circumspection is demanded.

Medicinal Soft or Potassium Soap.—Either potash or soda soap may be made the vehicle for the application of various medicaments. This places in our hands an easy and convenient method of employing local remedies, a method which, in its preliminary operation upon the cuticle, enhances the effect of the chosen medicament.

Many drugs have been used for the purpose of medicating soft soap. Those which have proved of most service are tar, naphthol, carbolic acid, sulphur, balsam of Peru, and mercury.

Tar has been incorporated with green soap, in the forms of pix liquida, oleum fagi, oleum cadini, oleum rusci, oleum ligni fossilis empyreumaticum. Either of these may be added, in the strength of 1 to 8 drachms to the ounce of soap or its solution. These soft tar soaps are beneficial in chronic eczema, psoriasis, ichthyosis, pityriasis, scrofuloderma, and seborrhœa sicca.

In the management of the same affections soft naphthol soap is of equal efficiency. Naphthol soap is made by mixing from ½ to 3 drachms or more of the drug with each ounce of potash soap. This preparation is also valuable in scabies and pediculosis.

Carbolized soft soap contains from 10 to 90 grains of carbolic acid to the ounce of soap. This combination has proved effective in seborrhœa oleosa, acne indurata, chronic papular eczema, and paræsthesia. Itching, as a complication of various cutaneous maladies, is mitigated by the use of carbolized soft soap.

Salicylated soft soap is made in the same strength as the immediately preceding preparation. It is useful in the management of disordered function of the sudoriparous glands—as hyperidrosis and bromidrosis.

Sulphur alone has been mixed with green soap in all proportions. It has also been used in union with tar. Sulphur—or sulphur-tar—soft soap is decidedly curative in obstinate cases of scabies and ezcema. These combinations, however, have the pronounced disadvantage of a disagreeable odor.

Balsam of Peru added to green soap, in the proportion of ½ drachm or more to the ounce, is an excellent application to indolent ulcers, boils, and unhealthy wounds.

Mercurial soft soap is made by mixing corrosive sublimate, or one of the mercurial ointments, with the soap. The corrosive chloride may be used in the proportion of 10 grains or more to the ounce. Blue ointment, or ointment of the mercurous or mercuric oleate, may be added to the soap, in the strength of 1 drachm to 3 of the former to the ounce of the latter. Sometimes, even, equal parts of each are taken. The resulting mixture is used in the treatment of obstinate syphilitic lesions, especially in debilitated subjects who are intolerant of mercury administered by the mouth. It is applicable, likewise, to the manifestations of early syphilis; to buboes, especially when chronic; to scrofulous ulcers; to pigmentary spots, and to alopecia.

Medicinal Hard or Sodium Soap.—The hard has a wider scope of usefulness than the soft variety of soap. Its value in the treatment of disease has been augmented by the addition of a great number of drugs. I have been in the habit for many years of employing medicated soda soap, both in private and public practice. Like soft soap, it has the power of removing thickened and hardened epidermis, dirt, and morbid secretions, but is milder in its action. Nevertheless, it is capable of doing harm, and must be applied with care. Precautions should be observed in its application; trying first its effect upon a small spot and, if it be well borne and prove beneficial, bringing it into contact with a larger surface or with the entire diseased area. Careful observation of its effects will teach us whether it can be beneficially employed every day or less often.

The soaps which I have habitually employed are divided into cakes, each containing an average weight of 3½ ounces, or 1680 grains. The soaps here recommended have been manufactured, under my supervision, by W. H. Llewellyn, 1410 Chestnut Street, Philadelphia, Pa., the chemist having taken the greatest care in their preparation, especially to have the soaps superfatted, as recommended by Unna and Eichhoff. The soaps upon which I have learned to place the most reliance, after many years experience with medication in this form, are as follow:—

Alum soap (sapo aluminis). Ten per cent., or 168 grains, of alum. This preparation is a beneficial agent in hyperidrosis, seborrhœa oleosa, and pustular eczema, especially of the subacute form. It is of service in lupus, cancer, scrofulous and syphilitic lesions of the skin; a stimulant and astringent to ulcers and bed-sores.

Arnica soap (sapo arnicæ). Ten per cent., or 168 grains, extract of arnica. Sore nipples, bruises, abrasions, wounds, chilblains, and dandruff are improved by the use of arnica soap. It is a good application to the surface of impetigo, ecthyma, boils, and carbuncles.

Boro-glyceride soap (sapo boroglyceriti). Ten per cent., or 168 grains, 50-per-cent. solution of boro-glyceride. This is preferable to a soap containing boric acid or borax. It possesses antiseptic virtues, and is valuable in the treatment of ulcers, wounds, suppurating, sloughing, or gangrenous surfaces. It affords relief in paræsthesia, especially of the genitals; is useful in acne, seborrhœa, and rosacea.

Camphor soap (sapo camphoræ). Ten per cent., or 168 grains, of camphor. Camphor soap allays the itching which accompanies eczema and chilblains.

Carbolic-acid soap (sapo acidi carbolici). Five per cent., or 84 grains, of carbolic acid. The effect of carbolic-acid soap is first stimulant and subsequently anæsthetic. It likewise possesses antiseptic properties. This soap makes an excellent wash for inflamed and suppurating surfaces, such as boils and carbuncles, wounds and ulcers. It relieves pruritus, and is of advantage in chronic eczema and psoriasis. Its smell, however, is a drawback, for which reason a naphthol or salicylic acid is preferable. Association with glycerin has been found to lessen the odor of carbolic-acid soap.

Chamomile soap (sapo anthemidis). Ten per cent., or 168 grains, extract of chamomile. Mildly stimulant and astringent, and of an

aromatic odor, chamomile soap is serviceable in intertrigo, dermatitis, seborrhœa, and in conditions attended by excessive and foul secretions. The addition of sulphur adds to its efficiency, and forms chamomile and sulphur soap (sapo anthemidis sulphurisque). This soap, possessing the virtues of both its medicinal ingredients, is of value in seborrhœa sicca, especially of the scalp; alopecia, acne, and when the skin is greasy and shiny.

Eucalyptol soap (sapo eucalyptoli). Five per cent., or 84 minims, of oil of eucalyptus. Eucalyptol soap is stimulant, astringent, and antiseptic. It may be used with good effect in cleansing unhealthy wounds and ulcers, abscess-cavities, and carbuncles. It is a good remedy for chapped hands, and overcomes the unpleasant odor of bromidrosis.

Naphthol soap (sapo naphtholi). Five per cent., or 84 grains, of naphthol. This is one of the most efficient of the medicinal soaps. Its freedom from odor, its stimulating, astringent, antiseptic, and slightly anæsthetic influence, renders it useful in eczema, especially subacute and chronic; psoriasis, pityriasis, ichthyosis, and offensive discharges. Bromidrosis is controlled and often cured by the use of naphthol soap. It relieves or cures the bites and stings of many insects and animals. Naphthol soap is useful in herpes and scabies.

Salicylic-acid soap (sapo acidi salicylici). Four per cent., or $67\frac{1}{5}$ grains, of salicylic acid. This preparation, which is well adapted to toilet use, is superior to a soap containing carbolic acid, from the fact that it is destitute of odor and irritant properties. It is particularly indicated in a thickened condition of the integument which is often present on palmar, plantar, and extensor surfaces. Salicylated soap is of value in the treatment of impetigo, ecthyma, pustular eczema, sycosis, furuncles, wounds, and ulcers. It is of assistance in the management of tinea and herpes. Chapped skin and bromidrosis are also benefited by its use.

Sublimate soap (sapo hydrargyri chloridi corrosivi). One per cent., or $16\frac{4}{5}$ grains, of corrosive sublimate. Sublimate soap is unlikely to excite salivation. Although I have ordered it extensively, I have never known of its producing this effect. Sublimate soap may be recommended in scabies and pediculosis, and for the irritation which may be present upon the body. It is an excellent application for freckles, pigmented spots, chloasma, and the reddened and roughened skin which may follow the eruptive fevers, notably small-pox. It exerts an admirable tonic influence upon the skin, and is a valuable local agent in improving the complexion. This soap relieves paræsthesia and the itching which is a concomitant of many cutaneous diseases. Syphilitic eruptions improve under its use.

Tar soap (sapo picis liquida). Ten per cent., or 168 grains, of tar. Tar soap is valuable in the treatment of certain chronic affections, more particularly eczema and psoriasis. It promotes activity of the local circulation, stimulates the absorbents, and reduces infiltration. It allays itching and is of service in pityriasis and ichthyosis. On account of its unpleasant odor and irritant properties, however, it may with advantage be superseded, in most cases, by naphthol soap, which is equally effective in the same conditions and is free from the disadvantages mentioned.

The combinations enumerated, both for soft and hard soap, are those which I have found, by experience, to be the most reliable and beneficial, and which, consequently, I have most frequently prescribed. I append a catalogue of other preparations which may, upon proper occasions, be profitably employed, giving at the same time the proportion of their included drug or drugs, together with their indications:—

Amber soap (eau-de-Luce). This is a liquid soap, the chief ingredients of which are tincture of the oil of amber, balsam of Gilead, and water of ammonia. Amber soap may be used in cases of enlarged glands, moles, warts, etc.

Balsam soap (sapo balsami Peruviani). Five per cent., or 84 grains, of balsam of Peru. This preparation makes a suitable wash for cleansing indolent or foul ulcers, sinuses and abscesses, wounds, etc.

Elder-flower soap (sapo sambuci florum). Ten per cent., or 168 grains, of elder-flower. This soap may be suitably used in intertrigo, rosacea, and sun-burn. It is a pleasant toilet preparation.

Ergot soap (sapo ergotæ). Ten per cent., or 168 grains, extract of ergot. Ergot soap is of assistance in the treatment of eczema, acne, and rosacea.

Glycerin soap (sapo glycerini). Fifteen per cent., or 252 grains, of glycerin.

Glycerin soap has been mentioned under the

head of toilet soaps. Pityriasis and rough or chapped skins furnish the indications for its use.

Naphthol-sulphur soap (sapo naphtholi sulphurisque). Three per cent., or 50⅔ grains, of naphthol; 10 per cent., or 168 grains, of washed sulphur. Scabies, pediculosis, the bites or stings of insects, hyperidrosis, bromidrosis, eczema, seborrhœa, and psoriasis are the diseases in which this soap may be brought into use.

Sulphur soap (sapo sulphuris). Ten per cent., or 168 grains, of washed sulphur. Acne and rosacea are improved by the use of sulphur soap.

Iodine soap (sapo iodi). Three per cent., or 50⅔ grains, of resublimed iodine. This preparation may be called into requisition in the case of scrofulous and syphilitic lesions of the skin, old granulations, etc. An iodine soap, made from the Sulzbrunn iodine mineral water, is said, by Dr. E. Haffter, of Frauenfeld, to furnish an effective means of removing the smell of iodoform from the hands. The iodine exists in this spring-water in the form of iodide of magnesium.

Iodide of sulphur soap (sapo sulphuris iodidi). Three per cent. of iodide of sulphur, 50⅔ grains, in a cake. Acne indurata, chronic ulcers, freckles, yellowish-brown or blackish patches upon the skin may improve under the use of this soap.

Kino soap (sapo kino). Ten per cent., or 168 grains, extract of kino. Eczema, rosacea, and ulcers are conditions which may be improved by cleansing with kino soap.

Lead soap (sapo plumbi). Three per cent., or 50⅔ grains, of acetate of lead. Lead soap may be appropriately applied to boils, carbuncles, abrasions, and bed-sores.

Tannin soap (sapo acidi tannici). Three per cent., or 50⅔ grains, of tannic acid. A soap containing tannic acid assists in the treatment of seborrhœa oleosa, hyperidrosis, and ulcers.

Tannin-balsam soap (sapo tanno-balsamicus). Two per cent., or 33⅗ grains, of tannic acid; 5 per cent., or 80 grains, of Peruvian balsam. The above combination is usefully applied to ulcers, wounds, and chilblains.

Thymol soap (sapo thymoli). Three per cent., or 50⅔ grains, of crystallized thymol. The non-irritant and antiseptic virtues of thymol render a soap of which it is an ingredient a serviceable application to unhealthy wounds or ulcers; pustular eczema, or other pustular diseases of the skin; to abscesses, sinuses, etc.

Turpentine soap (sapo terebinthinæ compositus). This is known as Starkey's soap. It contains equal parts of carbonate of potassium, oil of turpentine, and Venice turpentine, and is capable of rendering service in chilblains, psoriasis, and syphilis.

Winter-green soap (sapo gaultheriæ). Three per cent., or 50⅔ grains, of methylsalicylic acid. Winter-green soap is a pleasant article, applicable to eczema, psoriasis, acne, lichen, ulcers, wounds, freckles, impetigo, ecthyma, chilblains, etc.

Witch-hazel soap (sapo hamamelidis). Ten per cent., or 168 grains, of extract of hamamelis. Bromidrosis, eczema, and alopecia are conditions in which we may resort to the use of witch-hazel soap.

Properly made and properly applied, potash or soda soap often renders efficient assistance in the treatment of diseases of the skin. The fact must not be overlooked, however, that, like all other active agents, they are capable of effecting harm when improperly used. They must not be carelessly prescribed, without regard to the nature of the ailment, stage of the disease, condition of the patient, etc. Soap has a decided position in dermato-therapy. It would be, however, irrational to expect too much from these preparations. They are to be looked upon as valued assistants only, seldom able, unaided, to effect a cure; more than this ought not to be anticipated. By not expecting benefit from their use beyond their power as assistants, we learn to employ them with judgment, and guard against disappointment from their failure, in cases to which they are not adapted.

The superfatted soap introduced by Unna, of which mention was made when speaking of toilet soaps, is now made by the addition of a mixture of lanolin and olive-oil instead of olive-oil alone, as formerly recommended. The proportions in which these ingredients are now mingled with the soap-mass are 2 per cent. of lanolin and 3 per cent of olive-oil. The presence of lanolin, a soft animal fat, with no tendency to become rancid, of ready absorption by the skin and miscibility with water, confers additional value upon the product. A higher percentage of lanolin, however, diminishes the lathering property. Various medicinal

agents have been incorporated in this superfatted article, and employed by Unna, Eichhoff, and others, who report very favorably of their advantages. From the lists and reports lately issued by the latter authority, I have selected the following as an addendum to the present paper:—

Aristol soap. Two per cent. of aristol. This is recommended in psoriasis, eczema, leg-ulcers, ulcerated lupus, and gummata.

Superfatted benzoic soap. Five per cent. of benzoin. A good toilet soap; useful in intertrigo and seborrhœa of the scalp.

Superfatted creolin soap. Five per cent. of creolin. Creolin soap is of benefit in the treatment of scabies and contagious impetigo.

Creasote soap. Two per cent. of creasote. This preparation may be used in lupus.

Hydroxylamin soap. Three per cent. of hydroxylamin. Adapted to the treatment of lupus, psoriasis, tinea, and parasitic sycosis.

Iodoform soap. Five per cent. of iodoform. Iodoform soap is beneficial in chronic and syphilitic ulcers. When used in conjunction with massage it may promote the absorption of exudations.

Iodol soap. Five per cent. of iodol. An effective substitute for iodoform soap.

Menthol soap. Five per cent. of menthol. Especially indicated in paræsthesia and urticaria.

Menthol-eucalyptol soap. Five per cent. of menthol, with 3 per cent. of oil of eucalyptus. A beneficial soap in rheumatism, gout, neuralgia, urticaria, itching of the skin, and as a disinfecting soap to wounds and ulcers.

Pine-needle-oil soap. Ten per cent. of pine-needle oil. This is a valuable remedy in tinea, favus, eczema, psoriasis, and, assisted by massage, in chronic rheumatism.

Quinine soap. Five per cent. of quinine. A mild, stimulant soap in acne, after and during fevers, in dandruff, or seborrhœa of the scalp.

Resorcin soap. Five per cent. of resorcin. Of utility in seborrhœa, eczema, and erysipelas.

Resorcin-salicylic soap. Five per cent. of resorcin and 3 per cent. of salicylic acid. A useful soap in acne, seborrhœa, and in parasitic skin diseases.

Resorcin-salicylic-sulphur soap. Five per cent. of resorcin, with 3 per cent. each of salicylic acid and sulphur.

Resorcin-salicylic-sulphur-tar soap. Five per cent. of resorcin, with 3 per cent. each of salicylic acid, sulphur, and tar. The two last-named soaps are serviceable in chronic eczema, psoriasis, and parasitic skin diseases.

Salol soap. Five per cent. of salol. This is an effective soap to employ in chronic eczema, psoriasis, acne, excessive secretion of perspiration, and in fetid breathing.

Salicylic-creasote soap. Five per cent. of salicylic acid and 2 per cent. of creasote. A valuable soap for chronic eczema, psoriasis, and in excessive secretion of perspiration in different parts of the body.

Sulphur-camphor-Peruvian-balsam soap. Five per cent. of sulphur and 3 per cent. each of camphor and Peruvian balsam. A useful soap in acne, seborrhœa, chronic eczema, and psoriasis.

Sulphur-salicylic soap. Five per cent. each of sulphur and salicylic acid. An especially serviceable soap in all chronic skin diseases, as eczema, psoriasis, ichthyosis, acne, and rosacea.

Sulphur-salicylic-tar soap. Five per cent. each of the preparations named. A valuable combination in all chronic skin eruptions.

Thiol soap. Five per cent. of thiol. A beneficial soap in all parasitic diseases; also, useful in eczema, acne, and rosacea.

Other remedial agents and several combinations of medicaments have been used, but they are such as have been described in the foregoing portion of this paper, and, therefore, need not be repeated. According to the nature of the disease, its severity and obstinacy, or the condition of the patient, the surface may be simply irrigated with the soap solution, the froth may be permitted to dry *in situ*, or it may be retained by means of impermeable dressings.

1519 Walnut Street, Philadelphia.

A REPORT OF TWO CASES OF LYMPHODERMA PERNICIOSA.

By ISIDOR MARTIN KOCH, M.D.,
PHILADELPHIA.

THIS rare and comparatively unknown disease was first described by Kaposi in 1885. Though founded upon the observation of only 1 case, it presented symptoms so different in their course from the typus of universal eczema and leukæmia, for a combination of which two diseases it was at first mistaken, as to justify the following definition: "A form of skin disease, appearing partly as diffuse,

partly grouped, and irregularly localized, scaly, weeping, and intense itching eczema; the affected portions become swollen, thickened, of a doughy consistency; at the same time cutaneous and subcutaneous doughy or hard nodules develop, and, with the appearance of swelling of the glands and spleen, general debility and leukæmia; fatal exit."

The patient, a woman 39 years of age, reported intense itching and scaling, affecting principally the hands and face. On examination the skin covering the head, forehead, face, ears, neck, breast, axillary and mammillary regions was found to be brown-red, dry, thickened, and scaly, and in places thin, honey-yellow-colored crusts. The extensor surfaces of the arms showed some desquamation. The lower extremities showed patches of dirty-white desquamation, the subcutaneous tissue, however, markedly œdematous. Over the body and arms thick crusts and scratch effects. Inguinal and cervical glands were enlarged and swollen. On the thenar of the left palmar surface, also the flexor surfaces of both forearms, pea- to pigeon-egg- sized, hard, doughy, distinctly defined nodules in the subcutaneous cellular tissue. No fever; appetite good; and examination of the internal organs gave negative results.

Later in the course of the disease, and with the appearance of swelling of the spleen, an examination of the blood gave, in a cubic millimetre, 3,800,000 red and 125,000 white blood-corpuscles, or a relation of 3 per cent. white blood-corpuscles.

Kaposi further remarks, in his very complete monograph,* as a distinguishing and diagnostic feature of this disease from universal eczema, which it at first so closely simulates, the peculiar disproportion between the extensive pachydermy of the subcutaneous cellular tissue, due to the lymphatic exudation and the changes affecting the upper layers of the skin. Instead of a raw, red, rough, and fissured, or pigmented surface, which, together—especially in the lower extremities—with œdema and infiltration, accompany a state of chronic eczema, in this case as in the following 2 cases, and all other cases of the disease, the anæmia, slight desquamation, smoothness, and peculiar doughy feel are distinguishing and peculiar symptoms.

As to the nodules, Biesiadecki had, as early as 1876, reported a case of leukæmia in which, especially over the face, back, and breast, small, flat, pale nodules, situated in the corium, were present. But the difference, as Kaposi points out, between this case and lymphoderma perniciosa, is that in the latter the nodules make their appearance later in the course of the disease, which itself is ushered in under the disguise of an intensely itching, weeping, and squamous eczema. Further, in the latter the nodules arise in the subcutaneous cellular tissue, though they may also have their origin in the corium, whereas in the former the nodules sit in the true skin. The nodules of lymphoderma pursue the course of a furuncle occurring in a chronic eczema, *i.e.*, they are either resorbed or break down and ulcerate.

The prognosis is unfavorable. I may here add that the disease, in the cases thus far known, has pursued a regular, downward course, death resulting from increased debility and leukæmia, despite the fact that arsenic and other tonics had been faithfully used.

Case I: Leser Steiner, 63 years of age, was admitted in the Klinic Kahler, January 14, 1892. Patient reported negative family history. In 1850 he had severe attack of malaria, in 1864 pneumonia, and in 1880 a throat abscess, with marked dyspnœa, dysphagia, and other pressure symptoms. In August, 1891, patient experienced intense itching, beginning in the back, which in a short time was present over the entire surface of the body, and manifested a tendency to increase at night. At that time the affected portions showed no change, either in color or to the touch. In September patient noticed swelling of the inguinal and posterior auricular glands, soon followed by those in the axillary and supra-clavicular regions. These were very hard and painless. In October the patient entered a skin clinic, where his case was diagnosed as eczema, and under a tar treatment the itching promptly ceased. Also, the glands were reduced to half their former size. About this time patient noticed swelling of the skin of the scrotum, which rapidly spread over the whole bodily surface. The skin was dry, rough, and infiltrated, and over the flexor surfaces of the joints rhagades and intense redness developed. Syphilis was denied.

Patient is of middle size; of average osseous, but slight muscular, development. The skin

* Ueber eine neue Form von Hautkrankheit "Lymphoderma Perniciosa," von Professor Kaposi, 1885.

shows a number of marked changes. The whole surface is red, comparable with that of scarlet fever; no crusts are present, and, with the exception of a peculiar rawness, all other symptoms of eczema fail. The cutis is thickened over some portions, to such an extent that only with difficulty could the skin be squeezed into folds, and gave to the touch an œdematous feel, the finger-mark being distinctly visible. The pendulous portions of the ears are the most œdematous, then the cutis over the back, scrotum, thighs, and legs. The cheeks are markedly thickened, but over the forehead and neck quite movable. Itching does not now disturb patient. The hairs, always scanty, are not affected in the diseased process. The lymph-glands are enlarged, especially in the neck and axillæ, but in the cubital space, on account of the changes in the skin, they are not to be felt. The largest tumors are in axillæ and inguinæ, reaching in the former to walnut-, even to egg- sized swelling. They are uniformly hard and painless. Percussion of the long bones gives no pain, except in a circumscribed area over the corpus sterni. Temperature in the axillæ, 37.3 degrees. The skin temperature not increased above that of ordinary inflammation.

Examination of the nervous system gave negative results; vision and hearing good; the blood is normal in appearance; reaction alkaline. The white blood-corpuscles are increased; on the field one can count often as many as thirty white blood-corpuscles,—thus leucocytosis. The neutrophile leucocyten are increased, but to a greater extent the lymphocyten; eosinophile leucocyten not increased; very few nucleated red blood-corpuscles.

The blood count gives 3,520,000 red blood-corpuscles; 40,000 white,—a relation of 73.3 : 1. Hæmoglobin (Fleischl), 85 per cent.; no arterio-sclerosis; radial pulse small, slow, rhythmical, and elastic.

Liver normal, spleen greatly enlarged and hard.

Case II: I am able to give a brief account of another case of this rare and interesting disease through the kindness of Dr. Kraus, first assistant in the Klinic Kahler. A woman, 35 years of age, presented herself with the cardinal objective and subjective symptoms of universal eczema. The skin was red, swollen, in some places desquamation, and over the entire surface she experienced intense itching and burning. The œdema was especially well marked, and, being situated in the subcutaneous cellular tissue and lower layers of the skin, and under a red and irritated surface, gave it a pale, pinkish appearance. All the lymph-glands were enlarged, soft, and dough-like to the feel. The blood gave a relation of 1:24; later, of 1:29. No eosinophile cells or free nuclei. The liver and spleen both enlarged.

The following has been kindly contributed by Dr. Maurice Goodkind, who is making a special study of the blood.

THE BLOOD IN LYMPHODERMA PERNICIOSA.

In pemphigus, pellagra, and many other diseases of the skin, the rich and prolific material which is at the disposal of the investigator in blood has led to very pronounced and unqualified results; and also in lymphoderma perniciosa, although the disease has been recognized but a short time, and the diagnosis rarely made, the examination of the blood revealed such uniformly similar results as to justify a reasonable presumption that by hæmatological methods alone a sufficiently characteristic picture is presented to permit of a diagnosis. With only one other disease could the one under consideration be confounded, and that is lymphatic leukæmia; but in the limited number of cases which I had the opportunity of studying (in the laboratory of Dr. Gollasch, at Rudolph Hospital, through the kindness of Dr. Neuser, chief of the institution), such salient and characteristic features were presented that the differential diagnosis afforded no difficulty.

The hæmoglobin index ranged between 30 and 50 (Fleischl); reaction, alkaline; proportion of white to red, from 1:25 to 1:75. The red cells presented somewhat of a poikilocytosis, also a few nucleated with nuclear figures. The nucleated cells were of normal size (the so-called normoblasts), while in lymphatic leukæmia they are generally larger (megeloblasts) than normal. The white blood-cells, especially, presented a sharp distinction from lymphatic leukæmia, for, while the lymphocytes are greatly increased in both diseases, the increase vastly preponderates in leukæmia lymphatica. The eosin-philia cells were slightly increased, and amongst these a few were mononuclear, both of which conditions never exist in lymphatic leukæmia. The polynuclear neutro-philia cells were also slightly

increased. The mononuclear neutro-philia cells (myelocythen) were not present, although they are always increased in the myelogena leukæmia.—Lazareth Gasse, 3, No. 8, Vienna, Austria.

CLINICAL LECTURE.

TYPHOID FEVER.

By JAMES M. ANDERS, M.D.,

Professor of the Theory and Practice of Medicine, Clinical Medicine, and Hygiene, at the Medico-Chirurgical College of Philadelphia.

GENTLEMEN: This patient, aged 26, a sailor, born in Nova Scotia, came to the hospital on September 1st. His parents are living and well. Besides having had most of the diseases of childhood, he has never been sick previous to the present illness. The present sickness began with slight chills, headache, and loss of appetite. He vomited several times, could not sleep, and felt very weak. On admission to the hospital, he presented the foregoing symptoms, with temperature 104½ degrees and pulse 90. The tongue was slightly coated, and red along the edges and the tip. Patient also had dry cough, and anxious and somewhat stupid expression of the countenance. A physical examination of the chest gave negative results; the size of the liver was normal, and no enlargement of the spleen could be detected. The epigastric region was tender to the touch; abdomen was distended, and gave tympanitic percussion note. Pressure caused no pain in the right iliac fossa, but gurgling was detected. On careful examination, a few rose-colored spots were found, which disappeared on pressure and re-appeared on removal of pressure. Patient at first went to stool three or four times daily. An examination of the urine gave negative results.

From the foregoing symptoms the diagnosis of typhoid fever was made. The patient was put on liquid diet,—milk every three hours; milk-punch every morning and evening. Temperature was kept down by antipyretics, particularly acetanilid, and cold sponging. Salol, in doses of 5 grains every three hours, was also given. The stools were disinfected, and under this treatment the fever ran its rather peculiar course. On September 17th his abdomen became considerably distended, whereupon the treatment was changed, the following prescription being given:—

℞ Olei terebinthinæ, . . . ℥iss.
Syrupi acaciæ,
Syrupi simplicis, āā q. s. ad ℥ij.
M. ft. emulsion.
Sig.: One drachm every two hours.

We have here the temperature chart. Bear in mind that this man was admitted after having been ill for one week. I will not speak much upon the diagnosis of typhoid fever just at present, but I will say that, in making the diagnosis, you will always be much assisted by the temperature curve in the first week, from the peculiar manner in which it rises, step by step. In this case that feature is absent. That will also frequently be the case in your private practice, as often you will not be called until after the first week, when the temperature will have reached 103 or 104 degrees, as in this case.

After you have, in a normal case of typhoid fever, a temperature which has risen step by step during the first week, you arrive at the acme of the disease. Then, if the case progresses favorably, the temperature undergoes slight remissions,—the morning temperature of each new day being 1 or 2 degrees lower than the evening temperature of the day preceding. That is the typical course of typhoid fever. We have, however, a great many variations from this typical course. We have what are known as irregular temperatures during the height or fastigium of the disease, which in this case apparently is not yet over, the evening temperature being still about 104 degrees. He may be now at the beginning of the period of decline, since during last night there occurred a marked remission. Here the fastigium has lasted from the 1st of September until the present day,—almost five weeks. Up to the present time his evening temperature has frequently been as high as 104 degrees and the morning temperature 1 or 2 degrees less. In the typical cases of typhoid fever the fastigium lasts about two weeks; sometimes the period of decline is over at the end of the third week,—that would be called a mild case. When the temperature does not begin to decline until the end of the third week of the fastigium we call it a severe case. Where the high temperature is prolonged, as here, you have usually a fourth stage. This is the so called ambiguous period of Wunderlich, who has given this name to a period of irregular high temperature, corresponding in point of time to what should be the period of decline. This man before us

did have an attempt at decline, as you see by this curve on the chart, but almost immediately it went up to its present height, and remained there until the present time. Wherever you find this ambiguous period in typhoid fever, you have also, as a rule, a markedly irregular temperature; so that we are not surprised at this patient's irregularity of temperature, in view of the length of time which it lasted. In order to understand this period of Wunderlich, you must know something of the pathology of typhoid fever. In this disease, during its early stage, Peyer's patches and other of the glands of the intestines are in a state of engorgement; during the second week the surface of these patches undergoes necrotic change; about the beginning of the third week these necrosed masses are separated, when you have consequent ulcers. Now, if the conditions are favorable, about the end of the third week, or soon after these necrotic masses have separated, these ulcers begin to heal, and you have the case tending toward recovery.

But suppose, instead, these ulcers remain open, you can readily understand how, on account of the sluggishness or stagnation of the healing process, owing to the general condition of the patient, these ulcers remain, and are the cause of the continued high temperature. It is in patients who are apathetic, somnolent, and who lie on their backs in great prostration, precisely as this man has been doing, that you will find sluggishness in the healing of these ulcers, with the so-called ambiguous temperature curve of Wunderlich.

Now, as to the other symptoms in this man's case, let us look first at the alimentary tract. You notice the edges of the tongue are comparatively clear, and that the centre of the tongue is brown. That is usually the condition of the tongue in the third week,—brown down the middle, with clearer tip and edges. The mouth also has numerous crusts and sordes, especially upon the gums and teeth. We note, from the history, a moderate diarrhœa,—two to four stools daily, of a bright-yellow color and mushy consistence. Usually you have from two to four soft, bright-yellow stools in the twenty-four hours; only comparatively rarely do you have urgent diarrhœa. It will be noticed that this man had more or less tympanitic distension of the abdomen. He also had gurgling in the right iliac fossa. Now, many writers tell you that this is pathognomonic of typhoid fever. This is not so; it is only a confirmatory symptom. The man has still, as you see, rose-colored spots, which disappear on pressure, re-appearing when pressure is removed. These spots are slightly elevated and dark-red in color, and about the time of leaving do not behave as when they first appear. He had, as we find in prolonged cases, several crops. As soon as one crop disappeared another appeared. It is, however, rare for the eruption to continue for so long a time as in this case, by the appearance of successive crops.

We have other eruptions in typhoid fever, but they are not present in this case. We have also, here, a history of slight, dry cough. Now, a slight, dry cough is present in almost all cases of typhoid fever from the beginning, although it is sometimes more marked during its later stages. On listening to this man's chest I hear numerous sibilant and sonorous râles,—a general bronchitis. In many cases this general bronchitis results in slight consolidation,—in so-called lobular pneumonia. You can readily understand how this takes place. The secretions in the mouth undergo decomposition; the patient, lying on his back, is constantly inhaling air which has been contaminated by these secretions. These conditions are such as favor the development of lobular or inhalation pneumonia. We had, then, a general bronchitis, such as you find in all cases, and more particularly in those of unusual severity.

The circulation in all cases of typhoid fever is peculiar. Bear in mind that there is no direct ratio between the pulse-rate and the temperature curve. In this case we had, on admission, a pulse-rate of 90, with a temperature of 104 degrees. Later on, at the beginning of the third week, and from that time until the present moment, the pulse ran higher. The pulse now ranges from 100 to 114. We find, also, that the pulse is dicrotic. This simply means that we have a lowered arterial pressure. At one time it was supposed that the dicrotic pulse was highly characteristic of typhoid fever, and it is usually present after the second week. It is, however, present in a great many other conditions also, and cannot be regarded as entirely characteristic. The first sound of the heart, under these circumstances, is very apt to be weak, as in this man's case. That is probably due to what takes place when fever runs a long course, viz., parenchymatous degeneration of the

heart-muscle; and this has been thought to be the cause of heart-failure, which sometimes terminates cases of typhoid fever. However, since many of the most severe cases, in which there is a great deal of cardiac degeneration, go through the disease without this accident, it cannot be held that the cardiac failure is due to the degeneration.

The mental condition is very important in typhoid fever. It always demands consideration, and has a marked effect upon the treatment and prognosis. The nurse says that but slight delirium was present in this case, and that only at night. It is strange, in view of the prolonged high temperature, that he has not had more delirium. He has, however, been in a decidedly apathetic and somnolent state; and these are the cases which, as I told you before, are apt to be of long duration. They are the cases which are apt to be attended with sluggish healing, and to have a prolonged high temperature, the ambiguous period of Wunderlich being, as a rule, well marked.

Another symptom was present in this case, to which especial attention ought to be called, because it is found in less than 10 per cent. of all cases of typhoid fever, namely, hæmorrhage of the bowels on the 20th of September. That was after he had been sick nearly or quite four weeks. Now, hæmorrhage from the bowels in this disease is apt to occur at two distinct stages. It may occur early in the case, and, when so, is due to an overdistended condition of the capillaries in Peyer's patches. Only rarely does it occur in the early stage, however. The other period at which hæmorrhage may occur is during the third week, or later in cases in which the high temperature is prolonged. For instance, in this case it occurred at the end of the fourth week. Now, what is the cause of hemorrhage at this time? I told you that at the end of the third week, and sometimes earlier, the necrotic patches separate from Peyer's patches, leaving ulcers. As this happens, the blood-vessels lining the ulcers are apt to become eroded, and consequent hæmorrhage takes place. Now, the occurrence of hæmorrhage in typhoid is a menace, more especially when the amount of blood is large. Sometimes we have from one to two quarts. Bear in mind that just prior to bleeding from the bowels there is a marked fall in the temperature. The record of this case shows a marked decline in temperature on the day of the hæmorrhage. Do not always, however, expect to find blood appearing immediately after the temperature drops. This is a point which must be distinctly borne in mind, as often the blood does not appear in the stools until twenty-four hours after the temperature has fallen; and, since a crisis does not occur, as soon as you observe a fall in temperature of three or four degrees, give those remedies which tend to overcome bleeding from the bowels. Hæmorrhage is regarded by many authors as a complication, because it occurs in only 7 or 8 per cent. of all cases. It is an unfavorable symptom, and one that must be promptly treated when it appears. In this man's case the amount of blood lost was less than a pint, and yet it was followed by symptoms of anæmia, by depression, and great weakness, and more particularly a weak and irregular pulse. These symptoms are apt to follow even slight hæmorrhage when the case is a protracted one. Bear in mind, also, that even though the hæmorrhage be only slight, it may be the precursor of a severe one; so that we look upon even a slight hæmorrhage as a comparatively unfavorable symptom. Do not think, however, that all such cases die, because more than one-half do not.

The prognosis, therefore, in this man's case, in view of the prolonged high temperature, hæmorrhage, marked dicrotic pulse, weak first sound of the heart, and in view of the fact that we cannot say that the period of defervescence has, as yet, arrived, must be guardedly, if at all, favorable. I may say that, in giving a prognosis in typhoid fever, you should be guarded under all circumstances. Even though the case begins as a very mild one, do not give a positively favorable prognosis, as the most dangerous complications sometimes arise suddenly in apparently very mild cases. The future course of this case may be more favorable. If he has no more hæmorrhage; if this slight decline in temperature is the beginning of the defervescence, in the course of a week we may have a normal temperature and all the symptoms favorable.

The diagnosis in some cases of typhoid fever is very difficult. We frequently have to make the diagnosis between typhoid fever and acute tuberculosis. The best diagnosticians in the world have mistaken typhoid fever for acute

tuberculosis, and *vice versâ*. Where you have all of the characteristic and the pathognomonic symptoms developing in the course of a case of typhoid fever the diagnosis is quite easy. You may say that where you have a temperature gradually rising, step by step, and then a high temperature for a week, along with enlargement of the spleen and the typhoid eruption, there is no mistake in calling the case one of typhoid fever. In many instances, however, you do not see the patient until the temperature has reached its height, as in the case before you; you may have very little enlargement of the spleen, as in the present case. Hence, if it had not been for the presence of the eruption, the diagnosis would have remained doubtful here. You will find, as a rule, in acute tuberculosis, that the temperature does not go only to 104 degrees, as in this case, but to 106 or 107 degrees, and that early in the case you are apt also to have heavy night-sweats and localized disease somewhere in the lungs. You do sometimes have localized disease of the lungs in typhoid fever, but, as a rule, it occurs late in the latter disease, whereas it is found early in acute tuberculosis. Again, in acute tuberculosis the consolidation is very apt to be near or at the apex; in typhoid fever the consolidations are almost invariably at the base and posteriorly. With such a history as we have here,—eruption, bleeding from the bowels, diarrhœa, and temperature curve, such as we frequently have in typhoid fever,—we are justified in making a diagnosis of typhoid fever.

Now, the treatment of this disease is still *sub judice*. The so-called specific treatment has recently come into vogue, and it is the treatment which offers the best hope of success. We use, for their antiseptic virtues, such drugs as salol and iodine. Some authors contend that calomel has a specific effect in typhoid fever. It may be used where the patient is strong and in good condition, especially where there is a tendency to constipation. It should not be given when there is a diarrhœa, and it should be discontinued two or three days before the fastigium. This man is taking salol, which breaks up in the system into carbolic and salicylic acids, so that we have here two good antiseptic drugs developed in the system. Now salol, in my hands, is as good an antiseptic as any other, and I am in the habit of prescribing it in typhoid fever. We will, then, continue this drug for its antiseptic effects upon the bowels, with a view of modifying, as far as possible, the course of the disease. Unfortunately, none of the antiseptics of which we have knowledge have the power of accomplishing this to any appreciable extent. In view of the facts just stated, the treatment of typhoid fever is largely symptomatic and expectant. You need to combat all the prominent symptoms. The high temperature you must fight early, and for this purpose our patient was at first given acetanilid. Now that he has arrived at the end of the fifth or the beginning of the sixth week, it would not do to give such depressants, and we prescribe quinine, 10 grains in the morning, as soon as the temperature shows an upward tendency, and 10 grains in the evening, to make the temperature fall as much as possible over night. He has also had frequent sponging of the body (every three or four hours), which is not only agreeable but actually reduces the temperature, and has a decided tonic effect upon the nervous system. The Germans are now using the cold bath in reducing the pyrexia of typhoid fever, and immersing the patient. Where the nervous symptoms are marked, the patient being apathetic and somnolent, this method of treatment seems to have a soothing effect upon the nervous system; except in such cases, cold sponging is preferable to the complete cold bath.

Besides quinine and salol, this patient is taking a tonic composed of cinchona and gentian, together with some degree of stimulation. Stimulants are useful at the end of the second or beginning of the third week, when the pulse becomes feeble or a little irregular. Other calls for stimulation are a dicrotic pulse or weak first sound of the heart. Use stimulants at first moderately, gradually increasing the dose until you get the desired effect. The moment you notice alcohol on the breath you have begun to give an intoxicating dose, which must be diminished. This man takes one-half ounce of whisky every three hours

The diet has been liquid, as it should always be, with perhaps few exceptions. The exceptions are cases much like the one under consideration, where you have a very prolonged high temperature, with the strength of the patient gradually failing, with no particular tympany of the abdomen, and no particular tenderness nor urgent diarrhœa. It is a question, then, whether or not the food should be of more con-

centrated form, in order to overcome the effect of the fever on the patient. Good authorities have recommended scraped beef in proper quantities, and I see no objection to it. We should also, then, in addition, give rice and farinaceous articles in the meat-broth. That is what is needed where the fever has lasted as long as it has in this patient, and hence it will be administered.

We hope that this man has now arrived at the period of decline of the fever, but cannot positively say that he has, for, having had an irregular temperature, it may rise again. No other symptom in typhoid fever shows so certainly that the patient has entered on convalescence as a progressive decline in the temperature.

ABSTRACTS.

THE TREATMENT OF PILES AND ALLIED AFFECTIONS.

Dr. T. Lauder Brunton, in the British Medical Journal for March 12th, says: "In the treatment of piles, we may consider, first, how we are to keep the liver in such a condition as to maintain a free supply of blood through it. For this purpose, we should insist on moderation in cases where we have reason to believe that either the food or the stimulants taken are in excess of the wants of the organism. The occasional administration of small doses of a mercurial purgative, followed by a mild saline, tends to keep the liver free and to prevent piles, although one may not know the exact *modus operandi* of the mercury upon the liver. Of course, the saline ought not to be too violent, or it will tend to cause local congestion and make matters worse. Aloes bears an evil repute on account of its irritant action upon piles, but its effect depends upon the quantity given; and while a large dose of an aloetic pill will almost of a certainty produce rectal irritation, small doses, such as $\frac{1}{10}$ grain of aloin three times a day with each meal, will tend to lessen piles by keeping up a gentle peristaltic action and preventing constipation. My friend, Mr. Archer, tells me that he has used, with invariable success, half an ounce of castor-oil given to begin with, and followed up by half a drachm every morning for a month.

"I have already discussed the prevention of portal congestion from chills, but when it has occurred a useful application is a hot-water India-rubber bag, with a plush or flannel covering, put under the back of the neck, and a similar one over the liver. These tend to restore the equilibrium of the circulation and lessen portal congestion.

"Exercise is useful in keeping the liver free, but this exercise must be of a certain kind. As I have already said, the liver is a very spongy organ, the blood-pressure within it is very low, and the pressure under which bile is secreted is also very low. Both blood and bile, therefore, tend to stagnate within it, but this stagnation is lessened by the liver being rhythmically squeezed, more or less forcibly, between the diaphragm and abdominal muscles. In a person standing or sitting upright, or lying on either side, this squeezing action is very slight; in a supine posture it is slightly greater. In ordinary walking it is also very slight, but in walking up a hill, and especially in climbing a mountain, the amount of pressure to which the liver is subject is considerable, because the muscles of the abdomen in such exercise are actively contracting, and the movements of the diaphragm during the panting breathing which occurs on exertion are much greater than when a person is quiet. A similar process of squeezing occurs in brisk horse exercise, either trotting or cantering, and thus riding is frequently beneficial for piles, notwithstanding the increased local irritation from contact with the saddle. Another useful exercise is to touch the toes with the fingers, keeping the knees straight, several times every morning.

"A regular action of the bowels is of the utmost importance in preventing piles, because it tends not only to keep the circulation through the liver free, but prevents straining. The different means of insuring this regularity of action would require a paper to themselves, but a teaspoonful of compound liquorice powder at night, or confection of senna either alone or with confection of sulphur and confection of pepper, are perhaps amongst the most widely employed of all the laxatives. No doubt the best times ordinarily for emptying the bowels is after breakfast, but if the piles tend to come down much it is better for the patient to get into the way of emptying the bowels every night before going to bed, so that he may secure rest in a recumbent position for several hours. Some patients in whom

the piles come down easily spend a day of misery if they are obliged to go to the closet in the morning instead of the evening, because the piles tend to remain down all day and worry them.

"The soft, unprinted papers which are now commonly sold are a very great improvement upon the ordinary newspapers, but even they sometimes give rise to a good deal of irritation. In cases where the piles are very troublesome, it is always well for the patient to wash the anus immediately after a motion. It is sometimes impossible for the patient to go from the closet to his bedroom and wash there, and I have found the easiest way of getting over this difficulty is for him to carry with him to the closet a soft sponge in a small India-rubber bag; an ordinary tobacco-pouch is best. If it should be an earth-closet, the patient should take the sponge full of water, and, after cleansing the anus gently with paper, he may thoroughly sponge, and then return the sponge to the bag. The anus may then be dried either with the porous paper or with a small napkin which he carries with him. In the case of a water-closet the sponge may be taken dry, and after the closet has been used the plug may be drawn and the sponge dipped in the clean water, which then fills the pan, and used in the way I have just mentioned. The patient should also take with him to the closet a small bottle of some preparation of hamamelis and some prepared wool. This should be sheep's wool deprived of its fat, and not cotton-wool. The wool thus prepared is quite absorbent and takes up the hamamelis readily. It differs from the cotton-wool in one important particular, for it forms a kind of felt, which the cotton does not. A small pledget of the wool, about the size of a hazel nut, should be dipped in the hamamelis and introduced within the anus, and a similar pledget, likewise soaked in the hamamelis, should be introduced so far within the anus that a few fibres of it at least are caught by the sphincter. The external pledget soon becomes felted together into a regular pad, fitting completely to the anus, and, being retained by the few fibres caught by the sphincter, it will remain there for twenty-four hours, while a similar pad of cotton-wool might not remain as many minutes. This wool pad not only keeps the the hamamelis in constant contact with the piles, but also affords a certain amount of mechanical support. In patients suffering from piles we frequently notice an almost involuntary tendency to sit on a corner of a table or on the arm of a chair, or to put the hand behind and press upon the anus from time to time; but the woolen pad, by affording a constant support, tends to lessen the necessity for pressure in any of these ways. Where the piles are chiefly internal the hamamelis may be applied in the dose of half a drachm to a drachm, either diluted with water or, as is sometimes preferable, undiluted, by injecting it within the anus by means of a glycerin syringe. The success of this treatment in stopping hæmorrhage from piles is really extraordinary; within a week I have stopped the hæmorrhage from piles which were bleeding so profusely that a colleague thought that an operation would be necessary. But not only does the hamamelis stop hæmorrhage, it lessens the uncomfortable weight and aching pain which so frequently accompany piles, especially when they do not bleed, and it will even greatly lessen or remove the pain which occurs in piles when they become inflamed. I have tried various preparations of hamamelis, but I have not found either the tincture or the local extract, both of which are to be found among the recent additions to the Pharmacopæia, nearly so satisfactory as some of the proprietary preparations.

"The patient requires to be carefully instructed in the mode of using it, otherwise disappointment may ensue. Some time ago a lady who was passing through London on her way to the Continent was seized with a sharp attack of piles. I was asked to see her at an hotel, but, not being able to go for a couple of hours, I hastily wrote down a prescription for hamamelis and gave it to the maid with, as I thought, definite instructions how to apply it. On going to the lady two hours afterward, I found that she had used the whole bottle, but with no relief whatever; nor was this to be wondered at, for the piles were internal, and the hamamelis had only been used externally. So satisfactory have I found hamamelis, that I do not often now employ ointments.

"In obstinate cases of piles, great relief is afforded by the anal pad. The simplest is one of India-rubber with elastic straps to hold it in place; but it does not give, I think, quite the same relief as one in which the pad is

pressed against the anus by a spring attached to a metal girdle which passes around the loins.

"Before concluding this paper, I may mention another affection which frequently goes along with piles, and is most annoying, namely, pruritus and eczema around the anus. Both of these affections may be lessened by a simple remedy—eau-de-Cologne applied to the itching surface with a small sponge or a pad of cotton-wool. If the skin be at all tender, undiluted eau-de-Cologne gives rise to intense burning pain, but this may be prevented by diluting the spirit before application. The diluted spirit does not have such a strong and permanent action in lessening the itching as the pure spirit, and where the itching is at all great the pure spirit may be used, notwithstanding the pain it causes, for it converts the intolerable itching into a severe smart, and this may be relieved by diligently fanning the part till the spirit evaporates.

"I have not attempted to discuss all the methods of treatment; I have rather brought forward some which I have found practically exceedingly useful, and which are, I think, at least in their details, not so widely known as they deserve. I am quite conscious how trivial they are, but the number of cases in which piles occur give an importance to any useful method of treatment, however trivial it may be in itself, and this must be my excuse for bringing the subject before the Society."

ABSCESS OF THE LIVER.

At a meeting of the Surgical Society, December 30, 1891, M. Monod reported 2 cases treated by means of free incision. The first healed at the end of fifteen days. The second concerned a man 30 years of age, returned from Tonquin, having a profuse diarrhœa and cachectic appearance. There was fever, together with painful swelling of the liver. Three punctures were made: one in the middle line; the others to the left and right, respectively; but all without result. The last puncture was made at the point of selection, directly over the liver and through the thorax. The opening was large, and gave exit to pus. Two drainage-tubes were inserted. The condition did not improve, however, and the patient died, six weeks later, of exhaustion. At the autopsy there were found large unopened abscesses inaccessible to the surgeon. The case, in fact, was an unfavorable one. Zancharol had remarked, in 1887, that if fever persisted after incision, multiple abscesses must be present. Unfortunately, it is difficult to discover these collections, as is shown by the fact that three punctures failed to evacuate pus. The incision should be very large, and, if necessary, one should not hesitate to resect a rib.—*Le Progrès Médical*, January 9, 1892.

ERYTHEMA MULTIFORME AS A COMPLICATION OF TYPHOID FEVER.

Dr. S. Laufer, of Budapest, describes the case of a young woman 23 years of age, attacked with typhoid fever, in whom, on the ninth day of the disease, an extensive eruption like that of erythema multiforme made its appearance, with, a few days before death, cutaneous abscesses over the shoulder and upon one of the feet. The autopsy revealed, in additon to a left-sided pneumonia and comparatively trivial typhoid lesions in the bowel and the cortex of the much-enlarged kidneys, numerous rod- and wedge- shaped yellow depots, containing pus-cells, typhoid bacilli, and streptococci. The latter organisms were also present in the abscesses of the skin, and the writer is inclined to ascribe the erythema multiforme to their dissemination through the integument. —*Deutsche Med. Zeitung*, January 18, 1892.

HERPES ZOSTER IN THE TRACT OF THE RADIAL NERVE DURING MEASLES.

The following case is reported by Dr. E. Adenot: An unmarried woman, 22 years of age, suffered from an attack of measles, with high temperature and severe dyspnœa. When the eruption had almost completely faded, she was seized with sharp pains in the right side of the chest, extending afterward to the right shoulder, and almost preventing movement of the joint. The pain next invaded the forearm, especially upon its outer and under side; there was painful pricking in the thumb and index-finger. The whole upper extremity was the subject of decided paresis. Four or five days later an eruption of herpetic vesicles appeared upon the dorsal surface of the digits, above mentioned, which were also the seat of a very disagreeable formication. Sensibility seemed undisturbed. The vesicles dried up in a few days, but the pain lingered for some time, though not especially severe, before it took its final departure.

It is to be surmised that the circumflex and

radial nerves, being off-shoots from one stem, had, under the influence of the measles-infection, given rise to different forms of disturbance in their regions of distribution, pain in the shoulder being excited by the circumflex and herpes of the hand by the radial. Landouzy and Dénarié have described paralyses as occurring after measles; and Joffroy has observed 2 cases of muscular atrophy, limited to the muscles of the thumb, and coming on three months after the beginning of the disease.—*Deutsche Med. Zeitung*, January 18, 1892.

TREATMENT OF EPILEPSY BY BORAX.

From a clinical lecture upon this subject by Professor Mairet, of Montpellier, we make the following extracts: The disadvantages of borax are, that it is apt to excite salivation, nausea, impaired appetite, vomiting, and diarrhœa. It often causes a slight loss of weight, and at times considerable emaciation, with swelling of the face and œdema of the lower extremities. It gives rise to various eruptions upon the skin, which may be papular, eczematous, scarlatiniform, rubeolar, or furuncular in appearance. It likewise often causes fall of the hair, and sometimes alterations in the nails. In rare instances it produces fissures of the lips. A slight conjunctivitis often follows its use. These manifestations occur more or less markedly and more or less frequently among all epileptics treated by means of borax. It is necessary to begin with moderate doses—50 centigrammes to 1 gramme (7½ to 15 grains)—and ascend gradually, according to the manner in which it is tolerated. Generally, it can be rapidly pushed to 4 or 5 grammes (60 or 75 grains) without producing much disturbance. In asylum practice he has given as much as 10 to 12 grammes (2½ to 3 drachms) in the twenty-four hours. He has found, however, that when 8 grammes (2 drachms) of borax do not suffice to hold the attacks in check, it is to be feared that larger doses will be no more successful. As a rule to which a few exceptions occur, the maximum dose at which it is likely to prove useful may be fixed at 10 grammes (2½ drachms) in the twenty-four hours. These large doses cannot, however, be long continued. They are, moreover, unnecessary as regards the paroxysms. Consequently, when the limit of its action has been reached, the doses must be diminished, if possible, to less than 4 grammes (1 drachm),—a quantity readily tolerated. Just as there is a limit above which borax is of no service, so there is a point below which its good effects cannot be maintained. Therefore, the attacks being restrained, the doses should never be reduced below 2 grammes (30 grains). The reduction should be made gradually. If the condition of the patient permit, an increase of dose should be made abruptly. Generally, it is not necessary, in again increasing the dose, to reach that which was at first required to restrain the convulsions. Small doses are best given at the two extremes of the day—in the morning, on rising, and in the evening, before going to bed. Higher doses must be given in divided portions throughout the day, as far as possible removed from meal-time. When the attacks are nocturnal the speaker is in the habit of administering a portion of the drug during the night, even if the patient has to be awakened for the purpose.

Borax, no more than the bromides, acts upon the essential cause of epilepsy.—*Le Progrès Médical*, February 6, 1892.

EARTH-WORMS AND THE BACILLI OF TUBERCULOSIS.

At a meeting of the Academy of Sciences, January 25, 1892, MM. Lortet and Despeignes reported that they had placed earth-worms in a vegetable mold, with which they had mixed tuberculous sputum or fragments of tuberculous human lungs. A month later the worms were taken from the earth, opened, the digestinal tube removed, washed with water and alcohol, cut into fragments, pulverized, and with this material several guinea pigs were inoculated. These animals fell a prey to acute generalized tuberculosis. Sections of different portions of the body of the worms demonstrated that all the tissues, but especially those of the genital organs, contained a great number of the bacilli of tuberculosis mingled with other species of bacteria. The tuberculous microbes gave rise to no special alterations, but were simply infiltrated in little groups in the midst of the cells. It is very probable, therefore, that the worms bring up from the depths of the soil tubercle bacilli, together with earthy fæcal matters forming their dejections. Microscopical examination proves the fact, but inoculations have not succeeded on acccount of the presence of numer-

ous other species of microbes which are rapidly fatal to guinea-pigs.—*Le Progrès Médical*, February 6, 1892.

TREATMENT OF MALARIA BY METHYLENE BLUE.

At a meeting of the Biological Society, January 30, 1892, M. Laveran said: This is one of the special therapeutical applications of the aniline dyes, founded, like the method in general, upon the property possessed by certain living elements of fixing the basic colors of aniline. Ehrlick was the first to demonstrate the pigmentation of the hæmatozoa of malaria, and to suggest that the fixation of the coloring agent by the parasite might involve a modification of the biological properties of the organism. Although entertaining theoretical doubts upon the subject, M. Laveran was anxious to submit the proposal to the test of experiment, and administered neutral methylene blue in doses of 30 to 40 centigrammes (4½ to 6 grains) daily to 2 victims of malaria. He witnessed no effect upon the duration of the paroxysms or the number of the hæmatozoa. Former observations upon pigeons convinced him that the hæmatozoa were not modified or even fixed by the coloring agent in the circulation.—*Le Progrès Médical*, February 6, 1892.

THE ABSORBENT POWER OF THE HUMAN SKIN.

Dr. Leon Kopff, of Krynica, after a long series of experiments, formulates the following conclusions:—

1. When vaporized, solid bodies are able to easily pass through the intact skin, enter the system, and can be recognized in the urine.

2. Salts dissolved in water can penetrate the unwounded skin, enter the organism, and by chemical examination can be detected in the secretions.

3. The quantity of the salt absorbed from the bath is very insignificant compared to the amount which it holds in solution. It stands, however, in direct relation to the concentration of the solution.

4. The skin does not appear to possess the same absorbent capacity for all salts. Some, in aqueous solution, easily pass through the intact skin, others with more difficulty, while others fail to be absorbed.

5. The salt absorbed from an aqueous solution rapidly enters the blood, and from this the secretions with which it very rapidly leaves the body. It follows, therefore, that the penetrability of the integument, by watery solutions of certain substances, does not correspond to the capacity of the epidermis for the reception and retention of the same substances, since this capacity is well known to be much greater.

6. The natural layer of fat which, under physiological conditions, covers the skin has comparatively little influence upon the absorptive capacity of that tissue for soluble salts; at all events, much less than some authors, especially Parissot, have believed.

7. Salts dissolved in alcohol more easily penetrate the unwounded skin than those dissolved in water. The origin of this difference appears to lie in the fact that the alcohol excites a hyperæmia of the skin.

8. Although salts are more readily absorbed from an alcoholic solution, the quantity bears an extremely low proportion to the strength of the solution.

9. From alcoholic, just as from watery, solutions the skin takes up some salts more and others less readily.

10. Salts applied to the integument in the form of ointments reach the organism and may be recognized in the excretions.

11. The quantity absorbed in this manner seems to be very little; but it is considerably larger comparatively than that taken up from watery or alcoholic solutions. It follows, therefore, that the absorptive capacity of the skin for salts, applied in the form of ointments, is relatively high.

12. Just as is the case with watery and alcoholic solutions, different salts rubbed up with ointments are absorbed in different proportions.

In conclusion the author observes that the negative results obtained by many experimenters, as well as the opinion of many others, that the absorptive capacity of the skin is but slight, depend upon the fact that the recognition of the salts in the urine is very difficult. Individual differences also have some influence. The conviction of the author, however, is, that the question has no importance for practical medicine, not even for balneotherapy.—*Deutsche Med. Zeitung*, January 14, 1892.

QUININE ITCH.

A report of a Hessian Inspector of Factories calls attention to a little known affection

which attacks workmen in quinine-factories. It develops in the form of pock-like swellings upon the skin of the face and other parts of the body. Those engaged in the work of crystallization, purification, and extraction especially suffer. As an efficacious remedy tar-sulphur soap is recommended.—*Deutsche Med. Zeitung*, January 14, 1892.

THREE CASES OF ERYTHEMA EXUDATIVUM ACCOMPANIED BY HIGH FEVER.

These are reported by Drs. Szöllössi and N. Liszt. All began with a chill, the temperature mounting to 104° F. The duration was from four to six weeks. In two cases joint affections were present in addition to the eruption. The authors observe that they obviously had to deal with an infective process. The three cases were all seen within a period of six weeks.—*Deutsche Med. Zeitung*, January 14, 1892.

CEREBRAL LESIONS IN A CASE OF CHOREA.

F. Wellminsky, a student of medicine, reports the following case from the clinic of Professor Pribram: A female domestic, 23 years of age, suffered from articular rheumatism in her seventeenth year, since when she has had many recurrent attacks. Four weeks before reception at the clinic appeared a chorea, which resembled the usual type, but was distinguished by a peculiar alternation of movements, by the comparatively late involvemant of the facial and respiratory muscles, as well as by a febrile temperature. The patient died six days after admission. Numerous macroscopic and microscopic spots of softening were found, both in the medullary and cortical portions of the cerebrum, especially in the anterior lobes, but the vicinity of the posterior section of the internal capsule was spared. The lesions of endocarditis and rheumatic polyarthritis, diagnosticated *intra vitam*, were also found.—*Deutsche Med Zeitung*, January 14, 1892.

ADENOPATHY OF HERPES ZOSTER.

This was the subject of a communication by M. Barthélemy to the French Society of Dermatology and Syphilography at the meeting of January 28, 1892. He has seen ganglionic swellings in the supra- and infra- spinous fossæ in the course of an intercostal zona. This glandular involvement was acute, painful, and occurred at the same time as the febrile action, prior to the development of the eruption. The speaker laid stress upon the last-named fact, which led him to think that zoster is not merely a local lesion, symptomatic of a neuritis. Like the cutaneous manifestation, it points to a general toxic or infectious cause, not limited in its action to the nervous system, and which sometimes involves primarily the lymphatic system in relation to the region of skin which is the seat of the eruption. Neuritis is a favorable but not a necessary and constant condition in herpes zoster. There must be in addition a specific agent which finds a fit soil prepared and which possesses a remarkable elective affinity for the nervous system. In the case cited by M. Barthélemy, the glands remained enlarged until the seventh day of the eruption. This case is to be added to those already published in the Annales de Dermatologie.

TRICHOPHYTOSIS OF SOLES AND PALMS.

At the same meeting, M. Djelal-Moukter reported a case of tinea involving the sole and subsequently extending to the dorsum of the foot. One foot only was attacked, and the characters of the lesion were those of herpes and erythema circinatum. The second case was that of a woman who presented a lesion of the same nature upon the palm of the left hand. In both cases microscopical preparations revealed the existence of mycelial threads of the trichophyton.—*Le Progrès Médical*, February 6, 1892.

INFLUENCE OF THE NERVOUS SYSTEM UPON INFECTION.

At a meeting of the Biological Society, February 6, 1892, M. Féré reported the results of vaccination of epileptics while in a state of coma or stupor consecutive to a paroxysm or series of paroxysms. The patients had been previously vaccinated. Of 60 experiments only 1 gave rise to a typical vaccination. He recalled the fact that in former studies upon hemiplegic subjects he had found vaccinia to develop better on the paralyzed than the healthy side.—*Le Progrès Médical*, February 13, 1892.

THE TOXICITY OF COMPOUNDS CONTAINING IODINE.

At the same meeting of the Biological Society, M. Lapicque stated that these substances act by forming iodates in the blood, these being immediately reduced to iodides by

the alkaline fluid. At the moment of this reduction nascent iodine is set free and manifests its toxic properties. The iodates, in fact, are much more toxic than the iodides, as is proven by experiments upon animals. — *Le Progrès Médical*, February 13, 1892.

THE RATIONAL TREATMENT OF RICKETS.

In the Journal of Balneology and Dietary for March, 1892, Dr. Frank Woodbury writes: "This subject is certainly worthy of more attention than has yet been devoted to it. The general impression that certain kinds of food affect the growth and vitality of the fœtus is confirmed by scientific experiment. For instance, chloride of sodium has been found to have a decided influence in this direction. Reulin states that animals which do not find it in their food or drink become less prolific, and their breed rapidly diminishes in number. This is confirmed by Dr. Le Saine, who says, in his prize essay on salt, that it increases the fertility of the male and the fecundity of the female, and it doubles the power of nourishing the fœtus.* It must not be forgotten that oxygen is food as well as bread and meat, and the mother should not be deprived of a due amount of fresh air. It has been pointed out that nasal stenosis may so interfere with respiration as to produce decided anæmia,† and this condition, therefore, in many cases is susceptible of relief by a simple operation. Anæmia may also be due to chronic constipation, as taught by Sir Andrew Clarke. Whatever may be the cause of the anæmia in the mother, we may regard this as a remote but possibly efficient cause of rickets in the offspring. We would not even exclude such constitutional affections as phthisis, malaria, or syphilis from consideration as etiological factors of rickets, but should regard them only as secondary and contributing causes, not direct ones.

"Without unduly extending this article we cannot take up in detail the various special methods of treatment which have been advocated for rickets. We may say, however, that in our opinion the phosphorated codliver-oil treatment recommended by Kassowitz appears to be the best form of medicinal treatment, but at the same time it is quite possible that the oil is of more therapeutic value than the minute dose of phosphorus. In fact, if there is decided enlargement of the liver, the phosphorus had better be omitted, on account of its tendency to produce fatty degeneration of this organ.

"We may conclude: 1. Rachitis is a morbid condition of the osseous structures, chiefly due to malnutrition. 2. Dietetic and hygienic treatment is essential. 3. The diet should be rich in hydrocarbons and earthy phosphates, administered in a form easy of assimilation. 4. Pure air is an important adjunct to the treatment. 5. Drugs are of minor importance, but may be used to relieve attendant intestinal catarrh, and to assist the functions of digestion and metabolism. 6. Syphilis, struma, tuberculosis, malaria, osteomyelitis, hypertrophic cirrhosis of the liver, or splenic enlargement, may co-exist, but are not immediate causes of rickets. 7. The special etiological factor of rickets is unknown, but in the front rank as a cause we would place improper food. 8. Errors in diet during pregnancy are a prominent cause of congenital rickets, and this may be prevented by their correction."

* Letheby, "On Food," second edition, New York, 1872, p. 83.

† Dr. H. H. Curtis, International Journal of Surgery, February, 1890, p. 26.

ACCUMULATION OF BROMIDE OF PTOASSIUM IN THE ORGANISM.

At a meeting of the Biological Society, February 13, 1892, M. Féré, in his own name and that of M. Herbert, read an account of investigations upon this point. Attention was directed particularly to the nervous centres. The salt was found principally in the cerebellum, though the peripheral nerves also contained a considerable quantity.—*Le Progrès Médical*, February 20, 1892.

NYSTAGMUS IN AFFECTIONS OF THE EAR.

On the basis of four observations, Dr. Cohn concludes: 1. Nystagmus sometimes occurs during suppurative otitis media with perforation of the membrana tympani. 2. The attack is generally of short duration and associated with severe vertigo. 3. The attacks are rarely spontaneous. They are usually due to mechanical excitation of the deep portions of the ear. Injections of cold water are especially apt to be the cause. 4. Nystagmus is always bilateral, and, as a rule, horizontal, but more rarely rotary. Here is a point of etiology worthy the attention of ophthalmologists.—*Revue de Laryngologie*, etc.

THERAPEUTIC NOTES.

TO COVER THE TASTE OF BORAX.

M. Gay recommends the following combinations:—

℞ Sodii boratis, . . . 10 grms.
Glycerini, ... 20 "
Infus. glycyrrh. (3 per cent.), 120 "

℞ Sodii borat., . . . 10 grms.
Glycerini, ... 20 "
Strong coffee, . . . 30 "
Sweetened milk, . . . 80 "

℞ Borax, ... 10 grms.
Glycerin., ... 5 "
Syr. bitter orange-peel, . 30 "
Julep, ... 90 "

The last mixture is preferable, the syrup of orange being the best vehicle.—PROFESSOR MAIRET, in *Le Progrès Méd.*

REFRESHING BEVERAGES IN PNEUMONIA.

Bamberger recommends:—

1—℞ Phosphoric acid, . . 8 grms.
Syrup of raspberries, . . 90 "
To be taken in water.

2—℞ Cream of tartar, . . . 8 grms.
Syrup of raspberries, . . 40 "
Water, ... 400 "
—(Formulary of the Medical Faculty of Vienna) *Le Progrès Méd.*

NAPHTHALIN IN WHOOPING COUGH.

Chavernac proposes naphthalin as a remedy for whooping-cough. He places about half an ounce of this substance in a capsule over a stove in the patient's room, which thus becomes filled with the vapors of naphthalin. He states that he has thus obtained a cure in a great number of cases. On the other hand, he has found that patients suffering from early tuberculosis cannot tolerate the vapor; he suggests that naphthalin vapor may thus be an aid in the diagnosis of early tuberculosis.—*Indian Med. Record.*

FORMULÆ FOR SALOL.

In suspension for children:—

℞ Salol, ... ad libitum.
Gum arabic, . . . 5 grms.
Gum tragacanth, . . 20 "
Simple syrup, . . . 30 "
Water, ... 120 "

For intestinal antisepsis in typhoid fever and in rectal cancer:—

℞ Salol . . . . . 10 parts.
Olive-oil,
Lime-water, . . āā 60 parts.

For burns:—

℞ Potassium carbonate, . 1 grm.
Olive-oil, ... 10 grms.
Zinc oxide,
Starch, . . . āā 15 grms.
Sulphur, ... 6 "
Salol, ... 5 "
Lanolin, ... 63 "

For contagious impetigo, pustular eczema:—

℞ Salol, ... 3 grms.
Ether, ... 3 "
Cocaine hydrochlorate, . 20 centgms.
Collodion, ... 20 grms.

For sore nipples:—

℞ Salol, ... 4 grms.
Ether, ... 4 "
Collodion, ... 30 "

Or in the form of powder, powdered salol and starch, equal parts; as ointment, powdered salol, .5 grammes; lanolin or vaselin, 30 grammes. Absorbent cotton may be saturated with an ethereal solution of salol.—EGASSE, in *Bull. de Thérapeutique.*

LUPUS VULGARIS.

Dr. Broode's modified formula is:—

℞ Zinci oxidi,
Amyli pulv., . . āā ℥¼.
Vaselini albi, . . . ℥ss.
Hyd. oleatis (5 per cent.), . ℥j.
Acidi salicylici, . . . gr. xx.
Ichthyolis, . . . ♏xx.
Ol. lavandulæ, . . . q. s.
M. Fiat ung. coloratum.

Enough red Armenian bole and raw umber is added to match the color of the skin. The ointment is well rubbed in and covered with potato-starch powder. The disease is so disguised that it attracts but little attention.—*Brit. Journ. Dermatology.*

TO DEODORIZE IODOFORM.

One part of naphthalin to one of iodoform is said to disguise the odor of the latter.

CATARRH SNUFF.

℞ Finely powdered cubebs, . ℥j.
Finely powdered borax, . ℥iij.
Finely powdered camphor, ℥iij.
Finely powdered alum, . ℥ij.
Finely powdered soap-bark, gr. vj.—M.
—*Pharm. Record.*

FOR SWEATING FEET.

Naphthalin is employed in an experimental way in the German army of late, and with seeming success. The naphthalin in scales is simply strewn into the stockings or shoes.—*Ph. Centralh.*

IODINE-WATER AND ARISTOL AS SURGICAL ANTISEPTICS.

Popoff speaks highly of the antiseptic effects of irrigations with iodine-water (1 to 10,000) and consecutive powdering with aristol (pure or in the form of a 20-per-cent. mixture with boracic acid) in cases of tuberculosis of joints (fumigating arthritis, etc.) and bones, callous syphilitic ulcers, simple chronic ulcers, angina Ludovici, phlegmon, furunculosis, wounds of every description, etc. The iodine lotion also gives excellent results in inveterate ozæna. In addition to its powerful antiseptic properties it has a decided astringent and hæmostatic action. Under its use luxuriant and profusely-bleeding granulations rapidly assume a normal appearance, cease to bleed, etc.—*Boston Med. and Surg. Journal.*

SICK-HEADACHE.

Sulphite of sodium in 5-grain doses, repeated three or four times daily, is sometimes effectual.

CHLOROSIS.

Bongiovanni recommends subcutaneous injection of the following mixture:—

℞ Ferri et ammon. citrat., . 1.20 grms.
Aq. dest.,
Aq. laurocerasi, . . āā 5 grms.—M.

He commenced with one injection daily, and ascended in eight days to two injections within the twenty-four hours. In all cases treated in this manner cure resulted in three months.—*La Méd. Moderne.*

ANGIOSPASTIC HEMICRANIA.

Benedikt makes use of:—

℞ Nitrate of amyl, . . 5 grms.
Volatile oil of fennel, . . 10 "

To be kept in an emery-stoppered flask. Pour 5 drops upon a handkerchief and inhale cautiously.—*Le Progrès Méd.*

RESORCIN IN LARYNGEAL PHTHISIS.

Dr. Tymowsky considers resorcin the most convenient of all local applications, because it gives no pain, and need only be applied once a day. The solution must be of the strength of 100 per cent. in cases of unhealthy-looking ulcers, which are undoubtedly of tuberculous character. At the same time inhalations of from 2- to 5-per-cent. solution of resorcin may be substituted for those of cocaine.

TO DISGUISE THE TASTE OF IRON.

The tincture of iron can be acceptably given in an extemporaneously-prepared mixture of 2 drachms of syrup and 2 ounces of fresh milk.

GARGLE FOR SORE THROAT.

The following combination is highly esteemed by Dr. L. B. Young, of Rolesville, N. C.:—

℞ Aluminis (pul.), . . . ℥ij.
Potassii chloratis, . . ℥ss.
Tr. myrrhæ, . . . ℥ij.
Glycerini et aquæ, . . ℥iij.

M. Sig.: Use as a gargle.—*Times and Register.*

TO SUPPRESS LACTATION.

An ounce of camphor dissolved in 3 ounces of turpentine checks the secretion of milk in mastitis, relieves pain, and reduces inflammation. The dressing must be light to allow of evaporation.

THE TREATMENT OF TUBERCULOSIS WITH GUAIACOL.

In an address delivered before the New York German Medical Society, January 4, 1892, Prof. Max. Schueller, of Berlin, Germany, spoke at length in commendation of this method, which was originally introduced by himself to the profession. Guaiacol (a constituent of guaiac-wood, as well as of creasote) arrests the development of cultures from tubercular tissues.

In pulmonary tuberculosis he gives children 2 or 3 drops and adults 3 to 5 drops of pure guaiacol, four times daily, stirred in a glass of salt water, milk, bouillon, and for adults also in wine, etc. Guaiacol, as produced by J. D. Riedel, of Berlin, is a water-clear liquid, relatively easily soluble, of not unpleasant taste and odor, and readily borne by all patients.

He prefers this mode of administration to pills or capsules. In many instances he administers by inhalation, employing weak aqueous guaiacol solutions (5 : 3000 to 5 : 5000), or turpentine with camphor, etc. Favorable results have also been obtained in surgical tuberculosis, so-called scrofulous eczema, lupus, hip-joint and Pott's disease.

(Guaiacol can be obtained from Lehn & Fink, of New York, who are the American agents of J. D. Riedel).

FISSURED NIPPLE.

Dr. Sorff advises the use of

℞ Balsam. Peruvian.,
Tr. arnicæ, ... āā 2.
Ol. oliv. dul., . . . 30.
Liq. calcis, . . . 15.—M.
—*Giorn. Internaz. delle Scienz Med.*

CONGESTIVE HEADACHE.

℞ Spts. ammonii aromatici, . f℥ij.
Cocainæ hydrochloratis, . ℈ss.
Ammonii bromidi, . . ℥iss.
Aquæ camphoræ, q. s. ad f℥iv.
M. Sig.: One teaspoonful (in ice-water) every hour until pain is relieved.—DR. ALLAN MCLANE HAMILTON.

ANÆMIC HEADACHE.

℞ Ext. cannabis Indicæ, . gr. vj.
Ferri ammon. citratis, . ℈iiss.
M. et ft. pil. no. xxiv.
Sig.: One thrice daily.—*Ibid.*

HEADACHE OF NEURASTHENIA.

℞ Ammonii carbonatis, . . ℥iij.
Tinct. moschi, . . . f℥vj.
Spts. lavandulæ, . . f℥j.
Elix. ammonii valerianatis,
q. s. ad . . . . f℥viij.
M. Sig.: Two teaspoonfuls at a dose in water.

Or,

℞ Strychninæ arseniat., . . gr. ss.
Sem. strophanth., . . gr. vj.
Quininæ sulph., . . . ℈iiss.
M. et ft. pilulæ no. xlviij.
Sig.: One or two after each meal. Ethereal acetate of iron may be administered one hour after the meal with great advantage in many cases.—*Ibid.*

DIARRHŒA.

℞ Tinct. cannabis Ind., . . gtt. xxx.
Bismuth subnitrate, . . gr. ix.
Mucilage acacia, . . ℥ ivss.
Spirit chloroform, . . gtt. x.
Peppermint-water, . . ℥ vij.
M. Sig.: Shake well; teaspoonful (or more) before or after meals; large doses are best taken after meals.—*Doctor's Weekly.*

AMĒNORRHŒA.

℞ Bichloride of mercury, . gr. iij.
Arsenite of sodium, . . gr. j.
Sulphate of strychnine, . gr. j.
Carbonate of potass., . . gr. xlv.
Sulphate of iron, . . gr. xlv.
M. Sig.: Make into 60 pills and give 1 pill after each meal.—*Amer. Doctor.*

TINEA VERSICOLOR.

Benzin is said to be a prompt and efficient remedy in tinea versicolor.

NERVOUS COUGH.

℞ Acidi hydrobromica dil.
(10 per cent.), . . ♏xxx.
Spir. chloroformi, . . ♏xx.
Syr. scillæ, . . . f℥j.
Aquæ, . . q. s. ad f℥j.
M. One dose. Repeat twice or thrice daily.

TINGLEY'S COUGH MIXTURE.

℞ Acid. hydrocyan. dil., . f℥ij.
Spir. chloroformi, . . f℥j.
Spir. pruni Virg., q. s. ad ℥viij.
M. Dose, a teaspoonful.

HÆMOPTYSIS AND NIGHT-SWEATS.

℞ Ergotini, ... gr. ss–j.
Ext. belladonnæ, . . f♏ss–j.
Ol. terebinthinæ, . . ♏x.
M. Put in one capsule. Repeat every four hours. One every night in night-sweats.—DR. J. BLAKE WHITE.

DIARRHŒA MIXTURE.

(*Hart's Island Hospital*).

℞ Tinct. capsici, . . . f℥j.
Spir. menthæ pip., . . f℥ij.
Tinct. opii, ... f℥iij.
Tinct. catechu comp.,
Tinct. kino,
Tinct. krameriæ,
Spir. camphoræ,
Aquæ, . . . āā f℥iv.
M. Dose, 30 to 60 minims.

GANGLION.

Dr. Geo. F. Dunham says that this tumor may occasionally be removed by the internal and external use of benzoic acid—internally 2 to 5 drops three times a day of a dilution of benzoic acid; externally use:—

℞ Benzoic acid, . . . gr. iij.
Glycerin cerate, . . ℥j.
To be well rubbed in, morning and evening; or use the following:—

℞ Biniod. merc., . . . gr. ij.
Adipis preparatæ, . . ℥ij.
M. Sig.: Apply morning and evening.—*Med. Sum.*

EXTERNAL OTITIS.

In inflammation of the external auditory canal, W. R. Arnick praises the action of:—

℞ Camphor., . . . 100 parts.
Carbolic acid, . . . 36 "
Alcohol, ... 4 "
M. Sig.: Apply to the parts.—*La Médecine Moderne.*

CANCER.

Dr. Weir states that pyoktanin has been largely employed in cancer in the New York hospitals and found of no avail.

IMPOTENCE.

Professor Glenn, of the University of Tennessee, often prescribes:—

℞ Chloride of gold and sodium, ... gr. iij.
Sulph. strych., . . . gr. j.
Phosphate zinc, . . . gr. iij.
Ext. damiana, . . . ʒj.

M. and put into 30 capsules. Sig.: One three times a day.—*Southern Practitioner.*

CATARRH SNUFF.

℞ Boric acid, . . . 40 grains.
Starch, ... 240 "
Cocaine, ... 3 "
Tannic acid, . . . 15 "
Menthol, ... 15 "

Mix well.

—Ciechanski.

FOR IRRITABLE HEART.

Dr. J. Hobart Egbert states that a young girl whose irritable heart did not improve under digitalis and belladonna improved rapidly under the following:—

℞ Chloralamid., . . . ʒiv.
Tinct. belladonnæ, . . ʒij.
Elixir simplic., q. s. ad ʒiv.

M. Sig.: Teaspoonful three times daily, between meals and at bet-time.

And

℞ Ferri et quiniæ citrat., . ʒiv.
Tinct. nucis vomic., . . ʒiij.
Syr. simplic., . q. s. ad ʒvj.

M. Sig.: Teaspoonful after meals.—*Notes on New Remedies.*

ACNE.

℞ Camphorated naphthol,
Resorcin,
Salicylic acid, . . āā grm. v.
Starch,
Vaselin,
Precip. sulphur, . āā grm. xxv.

M. et fiat pasta.

—Besnier.

DYSPEPSIA OF NURSLINGS.

The object in view is to render the contents of the stomach more acid, and to facilitate coagulation of the milk in the stomach. Lactic and hydrochloric acids are recommended (La Riforma Medica, No. 183, 1891), and in the following formulæ:—

℞ Acid. hydrochloric., . . ♏xxx.
Aquæ, ... fʒiij.
Syr. simplic., . . . fʒiiss.

A teaspoonful a quarter of an hour after nursing.

Lactic acid is prescribed in the same formula and in the same dose. Lactic and hydrochloric are combined in the following formula:—

℞ Acid. lactic.,
Acid. hydrochlor., . āā ♏xv.
Aquæ, ... fʒiij.
Syr. simplic., . . . ʒiiss.

At the same time boiled or sterilized water should be used.—*Lancet-Clinic.*

LUMBAGO.

Hollister gives the following:—

℞ Iodide of potassium,
Bromide of potassium, āā 3.00
Tincture of colchicum-seed, 6.00
Syrup of bitter orange-peel, 10.00
Distilled water, . . 30.00

M. Sig.: Take three or four teaspoonfuls a day. The dose is increased until some slight impression on the intestine is noted.

HICCOUGH.

In obstinate cases Leloir advises digital compression of the phrenic nerve between the sterno-clavicular attachments of the sterno-mastoid muscle. The pressure is made for about three minutes and gives rise to some pain, but is effective.

CHILBLAINS.

Morrow recommends:—

℞ Carbolic acid (white),
Tannic acid, . . āā ʒj.
Tincture of iodine, . . ʒij.
Vaselin (albolene), . . ʒiv.

M. Sig.: Apply to the affected part three or four times a day.

CORN PLASTER.

Lanolin forms the basis of another salicylic-acid plaster, and cocaine is added with the idea of making it painless. To form the plaster, mix 6 drachms of salicylic acid with 10 drachms of lanolin. Dissolve 5 grains of hydrochlorate of cocaine in a small quantity of warm alcohol and mix the solution with 1 fluidounce of creasote. Mix ½ ounce of melted white wax with ½ ounce of vaselin and add the creasote solution. To this add the cocaine solution and mix.—Dr. H. M. Whelpley, in *St. Louis Clinique.*

SUBINVOLUTION OF THE UTERUS.

℞ Strychninæ sulphatis, . gr. 1/60.
Quininæ sulphatis, . . gr. ij.
Ext. ergotæ, . . . gr. j.

M. et ft. pil. no. j.

Sig.: At one dose.—Dr. Barton Cook Hirst.

HOARSENESS.

Hoarseness caused by a thickening of the mucous membrane is said to be promptly relieved by bichromate of potash given internally.

PRURITUS ANI.

Kelsey prescribes acetate of potassium, 10 grains three times a day internally, and a 10-per-cent. solution of nitrate of silver locally, to be followed by the following ointment:—

℞ Menthol, ... 3j.
Simple cerate, . . . ℥ij.
Oil of sweet almonds, . . ℥j.
Carbolic acid, . . . 3j.
Powd. oxid. of zinc, . . 3ij.

M. Sig.: Apply morning, noon, and night, after cleansing the parts.—*Med. and Surg. Rep.*

CANCER OF BREAST.

As a caustic in cancer of the breast Jennings employs

℞ Hydrochlorate of cocaine, . 3ss.
Caustic patash, . . . 3iss.
Vaselin, ... 3ij.—M.

It is not a painful application. A small quantity is well rubbed in with a wooden spatula.

NIGHT-SWEATS.

The following prescription for the relief of night-sweats is published in the Révue Général de Clinique et de Thérapeutique:—

℞ Sulphate or tannate of quinine, ... gr. xv.
Powd. ergot, . . . gr. xxx.

M. Divide into 4 powders, and take 2 or 3 in the course of the day.—*Doctor's Weekly.*

LOTION.

℞ Lead acetate,
Powd. alum, . . āā grm. iv.
Dist. water, . . . grm. cxx.

M. Sig.: Externally.

Compresses moistened with this solution are applied to the affected parts, and renewed every two hours.—*Ibid.*

TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN.

Simon recommends the following prescription in the early stages of this condition:—

℞ Acetate of ammonium, . 7 grains.
Tincture of aconite, . . 15 drops.
Codeine, ... 2 grains.
Simple syrup, . . . ½ ounce.
Water, enough to make 3 ounces.

A teaspoonful of this may be given every hour until five or six doses are taken.—*Ibid.*

HYPERSECRETION OF GASTRIC JUICE.

In a case which resisted lavage of the stomach and treatment by alkalies, Voinovitch found the sulphate of atropine beneficial. The drug was given thrice daily in very small doses for ten days, when the patient was fully recovered.—*La Méd. Moderne.*

CHRONIC BRONCHITIS.

℞ Terebene, ... 3iiss.
Mucil. acaciæ, . . . ℥ss.
Aquæ, ... ℥ss.
Syr. zingiberi, . q. s. ad ℥ij.

M. Sig.: One drachm t. i. d.—*Pac. Record Med. and Surgery.*

COUGH MIXTURE.

Dr. S. E. Craig, of Lawrenceburg, Ind., praises a mixture composed of

℞ Codeia sulph., . . . gr. x.
Jamaica rum, . . . ℥ss.
Fl. ext. hyoscyamus, . . 3j.
Syr. scillæ comp.,
Syr. ipecac., . . āā 3ij.
Syr. tolu vel wild cherry,
q. s. ad . . . . ℥iv.

Dissolve the codeia in the rum, then mix.

Sig.: A small teaspoonful every three to four hours.

CHRONIC GOUT.

The following lotion, applied with friction, is a good local remedy:—

℞ Ethereal tinct. of capsicum,
Spirits of ammonia,
Ess. of turpentine,
Linseed-oil, . . āā ℥j.

ŒDEMA OF PREGNANCY.

For the œdema attending the latter stage of pregnancy, Dr. E. L. B. Godfrey, of the Cooper Hospital, Camden, N. J., has used the following prescription with satisfactory results:—

℞ Potass. bicarb., . . . 3iij.
Acidi benzoici, . . . 3j.
Pilocarpine muriate, . . gr. ij.
Tinct. card. comp., . . f ℥ss.
Aquæ, . . q. s. ad f ℥iij.

M. Sig.: A teaspoonful in water every three hours.

Dr. Godfrey claims that he has not had a case of puerperal convulsions since using this prescription. In all cases of œdema, especially in primiparæ, he places the patient on diuretic treatment.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
S. C. BERGER, Business Manager.

Philadelphia, May, 1892.

THE REGULATION OF PROSTITUTION.

IT is sad to reflect that in every generation a hecatomb of attractive young women is sacrificed in order to gratify the sexual passion of man. These unfortunate creatures, instead of filling a natural destiny and becoming fond wives and tender mothers, are the playthings of men and the objects of detestation to the virtuous of their own sex. Excessive venery, late hours, dissipation, soon despoil the beauty which is their sole stock-in-trade, and, after a brief career of pleasure, most of them sink rapidly to the lowest social depths. A few brands are plucked from the burning, but the general course is downward, and those who tread the shameful path may well apply to themselves the oft-quoted sentence from Dante's Inferno, "Abandon hope all ye who enter here."

The absolute social and moral degradation of thousands and tens of thousands of young women is, indeed, a melancholy spectacle. Every class of men is provided with mercenary companions, and the fresh recruit of beauty, grace, and wit consorts, during her brief heyday of *success* (*!*), with men of means and position, while those of less money and standing must content themselves with less-charming companions. The women accommodate themselves to all tastes and affect the demure, the wild, the reckless, in response to the tastes and dispositions of their paramours. Their aim is to please and attract for the time being, and for the sake of a pecuniary consideration. Themselves hopeless wrecks, they accomplish the destruction of many of their admirers. Their existence is a war against society.

So it has been, in every civilized country and in every age, from the dawn of history. Women, drink, and gambling are responsible for more ruin and sorrow than the most destructive wars ever waged. The victim of battle has died in the performance of his duty and, it may have been, with glory. Dishonor is the portion of the profligate. The justice of fate avenges the ruin of women by the destruction of the men who seek their venal embraces. Vice degrades all its subjects. Who can touch pitch and not be defiled?

Financial distress, moral deterioration, domestic unhappiness, and physical contamination is the heritage of the libertine. Were the consequences restricted to the actual participants in evil, each victim would be conscious that he had invited his own punishment. Human relations are so intimate, however, that it is not the wrong-doer alone who must suffer, but the penalty extends, directly or indirectly, to those connected with him by family ties. The anguish of the innocent may, in fact, exceed that of the guilty, whose conscience has been blunted by habitual transgressions. In addition to grief and shame, the rake transmits venereal disease to his wife and children.

What can be more pathetic than the sight of a virtuous lady suffering ailments for which her guilty spouse is directly reponsible? What lot more undeserved than that of a child syphilitic from birth?

In order to restrain, as far as possible, these dire and wide-spreading effects of lawless passion, the attempt has been made, in several European countries, to regulate, by law, this traffic in shame. The professed harlot was licensed to pursue her avocation, houses of ill-fame were recognized, periodic medical examinations were ordered, and the women were obliged to enter a public hospital when they became infected with venereal disease. These are the broad outlines of measures which, it was hoped, would limit the dissemination of syphilis.

Strong objections, doubtless, may be brought against such schemes. To many, the idea of the State or municipality legalizing prostitution seems horrible in the extreme. There must, in every country, be many women who, though immoral, have not yet fallen so low as to avow themselves frankly as prostituting their

bodies for hire. These clandestine girls escape police recognition and, it may be reasonably suspected, are foci of infection going far to defeat the objects of the registration.

In answer to the moral objection, it may be replied that to recognize, to legitimize, is not to approve a calling which has existed from time immemorial, and which, under any circumstances, regulated or unregulated, is a source of degradation to all by whom it is abetted. Yet these poor, lost creatures need the services of the physician if attacked by disease, and we who minister to their physical ailments in the true spirit of a beneficent profession can have no sympathy with their habits of life. Even so, it may be urged, the law or even religion may acknowledge that such persons exist. It seems right that law and even religion should go farther, and acknowledge that the existence of prostitution, in addition to being a moral ill, is a constant and endemic menace to the physical health of the community, more threatening and disastrous than the sudden spread of an epidemic disorder.

Any proposition which seeks to limit the spread of syphilis demands attention upon its own merits, and must be studied independently of preconceived and, perhaps, sentimental objections. An experiment, interesting alike from a sociological and medical point of view, has been carried on for a number of years in European countries. It is proper for us in America to regard the actual operation of the experiment, and seek impartially to convince ourselves whether the object proposed has been attained.

Discarding *à priori* ideas, this conviction can only be reached by a study of the various papers and reports issued by the physicians and publicists of foreign countries. We have, therefore, been interested in a series of articles published by Dr. Louis Fiaux in our valued exchange, Le Progrès Médical, under the title of "Prostitution in Belgium." In 1887 a royal commission was appointed for the purpose of investigating this subject, and was ordered to present its conclusions in the form of a proposed law. The members of the commission were impartially and judiciously chosen, and consisted of civil and military physicians, members of the Academy of Medicine and chiefs of hospitals, administrators, publicists, jurists, ministers, ex-ministers, and economists. The labors of this commission have but lately terminated, and their conclusions and recommendations have been published by the government in the form of a quarto volume of 360 pages. It appears that there is no more unanimity of opinion in Belgium than in America, and from the beginning certain members showed themselves partisans and others opponents of regulation.

Strange to say, much difficulty was experienced in obtaining authentic statistics. Replies to their queries were frequently brief and indefinite, while university corporations, as Louvain and Brussels, certain manufacturing and garrison towns, and even the representatives of entire provinces failed to make any answer. In consequence, to use the words of Dr. Petithan, "the general results of the inquiry are unreliable." Deprived of authoritative statistics, the commission was often obliged to depend upon simple expressions of personal opinion and impressions of physicians to whom they applied. According to the present law in Belgium, professed prostitutes may either dwell in registered houses of ill-fame or in private lodgings (*éparses*), but in either case must be registered. It is surprising to be informed that Brussels possesses but seven public houses, with 71 inmates, and 260 "scattered" prostitutes (*femmes inscrites éparses*), while Louvain contains but four houses, with 10 inmates, and no "scattered" women. Figures like these lead us to believe that the number of clandestine harlots must be large.

In the city of Brussels, from 1881 to 1889, the annual average of registered women was 343; of these the mean number of admissions to hospital each year was 93, of whom 21 suffered from gonorrhœa, 21 with chancroid, 30 with syphilis, while 28 had some non-venereal ailment. In a table furnished by Dr. Janssens, chief of the sanitary service of Brussels, it is shown that, of the inmates of public houses, about half enter the hospital each year, and of this number one-sixth are syphilitic. Of the scattered women one-third are placed in hospital, and of these one-eleventh have syphilis. The total number of licensed houses in

nine provinces, with a population of 5,000,000, is given as ninety-six; the number of registered women is 1147, which, as Dr. Fiaux remarks, shows that in these districts regulation must be rather an illusion than a reality. The fact is the more impressive when we learn that this small number is the last of a series of constantly progressive diminution, the ratio being doubled and tripled by the fact that at the same time the population has constantly augmented.

Another table demonstrates that, in the years from 1871 to 1880 inclusive, nearly twice as many girls from houses were admitted to the hospitals of Brussels as those who lived in private.

During the last three years one-fourth of the "boarders" were syphilitic, and only one-twelfth of the "scattered" women were infected. In spite of registration and domiciliary visits, it therefore appears that in Belgium the inmate of a public house is three times more dangerous than she who lives outside.

As regards the influence of prostitutes upon the general health of the population, and as regards the prevalence of hereditary syphilis, the information obtained was so indefinite as to be valueless in a scientific sense. Notwithstanding the lack of documentary evidence, it is certain that the number of registered houses and women has for years been decreasing throughout Belgium, and Dr. Fiaux believes that the fact teaches that regulated prostitution is more dangerous than unregulated contamination.

Whether this is a legitimate conclusion appears doubtful, and is a point, among others, to which we shall return in another number. But a fact to which attention is particularly directed is the rarity of venereal disease in manufacturing centres. This is true not only of Belgium, but of other countries, and Fiaux himself had the opportunity of satisfying himself that it applied equally to the working classes of Paris.

The remainder of the account and criticism of the labors of the Belgian Commission we shall have to postpone to our next issue. A number of interesting topics remain for discussion.

TREATMENT OF INEBRIETY.

WE shall not endeavor to lay out a complete programme for the treatment of the various phases of alcoholic intoxication. To do so, in fact, would require a treatise. A short article, however, may fitly embody certain thoughts which have risen in our mind when perusing the abundant periodical literature which has lately appeared upon this important subject.

If a radical distinction be drawn between habitual drunkenness and periodical inebriety, and the latter ascribed to a dominant morbid impulse, the treatment of the former condition in hospital or sanitarium must needs be prolonged if not permanent. Deprived of opportunity of indulgence, and the disease of stomach, liver, or nerves, which is the result of his excesses, being ameliorated, the sot may be kept sober. But, discharged from the institution, and brought again under the influence of his old surroundings, exposed again to his old temptations, what is to prevent his relapse unless some means has been found of fortifying his will? A weak-willed man he probably was from the beginning, but if self respect, love of home and family, ambition, have not prevented his fall originally, is seclusion and a course of reconstituent medicine likely to render him stronger than he was by nature? We by no means deny the benefits of enforced abstinence. We strongly believe that a judicious use of strychnine and capsicum will strengthen his nerve-centres. We esteem, moreover, the treatment which shall ameliorate or remove the physical consequences of his habits. The advantages which attend, or may attend, such therapeutics place the unfortunate individual in an immeasurably better position, physically and mentally, than that which he occupied before the treatment was begun. If, upon going out into the world, he can be shielded from former companions and former temptations, the habit of abstinence which was acquired in the sanitarium may become fixed. Such protection is, however, in fact, generally impracticable. Unless the mind as well as the body shall have been renewed, the drunkard generally, after an interval of greater or less duration, adopts his old courses. With some

an awakened mind conceives such a horror of the painful effects of dissipation that the reformation is permanent.

If the impulse to occasional solitary sprees betokens a morbid condition of some brain-centre, the disease certainly manifests itself in many who are as free as possible from any other neurotic taint. We can call to mind many inebriates of this kind who were of robust physique, superior intellect, and excellent ancestry. Can it be that an appetite rigorously repressed in the father springs into excessive activity in the son, whose course of life begins amid more prosperity and opportunity? Such inebriates we have sometimes known to reform themselves by sheer force of reflection and determination. The prognosis in regard to such men is often better than for the habitual drinker. For the former probably has not spoiled his digestive powers or shattered his nervous system, is a good man of business, an excellent husband and father, and is accessible to the voice of reason. He is often willing to immure himself when seized by his appetite for drink. We can recall a number of men now leading useful and exemplary lives, who were in former years in fear of themselves, and a continual source of anxiety to their family. Is the appetite of such men indicative of an insanity? If so, they give no other evidence of alienation and can cure themselves by moral means. There may be some who are incapable of resisting this impulse, who must drink to drunkenness, and when sobered, or partially sobered, must repeat the process until stomach or brain gives way, and prostration upon a sick-bed effects, for the time being, a cure.

Again, there is that unfortunate class who inherit, perhaps not only from a father, but from a line of intemperate progenitors, a taste for alcohol. These people are the subjects of imperfect development and malnutrition. They are predisposed by instability of nerve-centres to various functional and organic disorders of the nervous system. Chorea, neuralgia, idiocy, hysteria, epilepsy, etc., testify to inherent weakness of nervous tissue. Insanity, drunkenness, vice, and crime are common manifestations in such families. A weak moral sense and, generally, poverty are powerful concomitants in the lives of such persons. Drunkenness is in them partly due to inherent structural defect. Yet how difficult it is to unravel the various influences which determine any one's life-history! We may say that weakened nerve-centres demand stimulation which may temporarily appear to benefit. Any advantage which might be derived from small quantities is lost by excessive potations. On the other hand, these individuals are actually, if not avowedly, taught to drink in childhood by the influence of opportunity and example.

It is in individuals of this class, if any, that alcoholism may be properly termed a disease. It is precisely these persons, however, that we find most difficult to cure in the proper sense of the word. Can we regenerate nervous centres which were never properly generated? Our ill success is as conspicuous here as in the case of idiots and epileptics belonging to the same type.

Men who have been born of healthy stock, have been properly reared, who have not abandoned self-respect, who have positions to maintain and homes to care for, may, through conviviality and the force of circumstances, gradually become addicted to the free consumption of liquor. If they can be aroused to a sense of their danger before their habits interfere with their business pursuits, a large proportion may be rescued. When this happy result has been accomplished, total abstinence should be their rule. If, however, the insidious habit progress unchecked, there comes a time when business is neglected, friends look askance, and financial ruin approaches. The unhappy man seeks to stimulate himself or to drown care by increased potations, and is soon a drunkard, hard to cure because self-respect, hope, and ambition are dead. Nevertheless, he is the victim of a habit, not a disease. The catarrhs, scleroses, or degenerations which ultimately develop are consequences, and not causes.

A close consideration of the various types of alcoholism will generally show the conscientious physician in which direction his efforts for his patients' welfare is most likely to be crowned with success.

However much doctrines and therapeutics may vary, scientific physicians endeavor to present the truth as they see it, and apply it

for the welfare of all the world. How reprehensible and how reckless is he who pretends to possess a "cure" for alcoholism and uses it not for the benefit of his fellow-men, but for the purpose of establishing his own fortune! How truly sad that, whereas, the drunkard in Illinois, Michigan, or Pennsylvania may reap the benefits of the treatment, the sufferers in England, France, Germany or Australia must continue to perish! This is the point of points in condemnation of secret remedies held by proprietors for personal benefit. Supposing any real virtue in such preparations, how can Mr. A., or Mr. B., or Dr. C. restrict its usefulness for his own financial advantage at the expense of suffering and perishing fellow-creatures?

The latest exploitation of a secret cure for drunkenness is by one who blasphemously asserts that it was "revealed" to him,—in answer to prayer, we presume. This person, in the interest of philanthropy (!), has visited this and other cities, lecturing before the Y. M. C. A. and other societies on the merits of his "discovery." Why should people who strive to be good so often put foolish trust in specious pretenders who use a shibboleth for their own purposes?

CORRESPONDENCE.

A PLEA FOR A HIGHER EDUCATION PREPARATORY TO THE STUDY OF MEDICINE.

Editor Medical Bulletin:

SIR,—The intellectual requirements for admission as students into our medical schools are by no means sufficiently rigid. It may be said that imperfection and incompleteness necessarily pertain to our condition in this world, and nothing human is perfect; nevertheless, it is highly essential and expedient that we raise the standard of admission, lest we become "fossils," like those who are unwilling to learn anything new or to make any change in the old. The perfect and complete is the ideal of the true student. In order to obtain a higher medical education, it is highly requisite that its foundation rest on a good general basis, both classical and scientific. A training of this kind enables the learner to obtain a more thorough grasp of the fundamental principles of medicine. Ignorance of this groundwork is responsible for much failure and mortification in practice.

The mind, without early instruction in some of the higher branches of learning, will, in all probability, never gain a competent knowledge of the science and art of medicine. Thus, a higher intellectual education should and must always pre-exist before matriculation in a medical school. The properly-prepared young man will go forth from the lecture-room furnished with all the scientific conclusions of practical value which have been discovered by all the lights and ornaments of the profession up to the present time. The community properly supposes that every young man presenting a medical diploma is not only possessed of the present current knowledge of his chosen profession, but is a thorough scholar, a fountain of knowledge, so to speak, from which the community and his patients may, one and all, draw with equal freedom. His mind queries and studies to find laws and forces and meditates to acquire scientific insight.

Did we, as practitioners, carefully attend to this discriminating, guiding, and leading principle in the selection of medical students, it would doubtless be a most powerful means of enkindling more respect in the minds and hearts of the public than is manifested for the profession at the present day. Gentlemen of the medical profession! behold your high vocation, to stand up as the representatives of this method of selecting students who desire to enlist their names under the medical banner, and thereby ennoble and elevate as well as evoke respect for the profession, a vocation dignified by Him who was the "Great Physician." Will you, by example and precept, spread this thought far and wide, and bring its power to bear on the would be disciples of Æsculapius, and the progressive growth of society? I hope and trust that you may throw your whole force and energy in the work, and in doing so you shall become instrumental in advancing a cause which has the "law of the spirit of life" in it; and if, peradventure, you shall not receive your full reward on these mundane shores, yet, in the great hereafter, you shall hear the words, "Well done, good and faithful servants."

J. W. MARSTELLAR, M.D.

[The general practitioners throughout the country have much in their power regarding the reception of pupils. Our correspondent very justly points out that uneducated young men should not be accepted as students. It is in reality a kindness to dissuade such young men from attempting the study of medicine. They had far better be prevented from entering a path which will only lead them to trouble, whereas they might perfectly succeed as farmers, mechanics, or merchants.

Evidence of the possession of a liberal educa-

tion is demanded by the Medico-Chirurgical College of this city of all students desiring to take its course. The University of Pennsylvania, Harvard University, and other institutions, also make the same requirements.—EDITOR MEDICAL BULLETIN.]

Editor Medical Bulletin:

While reading the article of Dr. Mann in the March number, it occurred to my mind that an account of the private history of the locality in which I practice would prove of interest to many of your readers.

In the town in which I reside the population is made up mostly of the descendants of old German families. The few of other nationalities who have at various times settled here have intermarried with Germans and have raised families who have done likewise through several generations. As a result, our people are very closely related to each other, and present a study to the psychologist that is interesting, to say the least. In the first place, it is a common saying that "girls never marry here till they are so big that they have to," and, as a rule, they have children in from three to six months after marriage. I have been here two years, and have seen a good many marriages, but only one where the above was not true. This must seem a deplorable state of affairs; but the people make light of it, and seem to think it no great matter. Having devoted the greater portion of my attention to diseases of women, I was surprised and astonished to learn, upon a plan of questioning I tried, that only two women in thirty-two whom I questioned remained firm in saying they never had committed adultery since marriage, nor were guilty of criminal intercourse before. Remember, this is only a country village, and these ladies (?) were among the best people our village and the vicinity afforded.

I have in mind now the names of many—one-half, I suppose—of the young girls and young ladies of the entire neighborhood, who have confessed to me, or who have come and told me while seeking advice, of having had sexual intercourses during a period from one week to several years. One young girl, who was born out of wedlock, came to me recently with a history of being pregnant to her father, who had married her mother after her birth. Two women, aged about 19 and 21, told me that they have had sexual intercourse for almost six years with their brothers, who are both younger than either of the girls. A few families who seem to be worse than others I have inquired closely into the history of, and I find four generations, two of them having been afflicted with the same state of moral depravity. We have the churches, as other places, and plenty of schools, exchange commerce and hold intercourse with other people, but the above facts stand out firmly, and are more prominent every day. Many good and worthy people live here, but the minority only are virtuous. I have not made any very special inquiry to gain the above facts, but have gleaned them in the course of an ordinary practice. Often, when a new case of this nature came to my notice, I have wondered at the degradation of the human race.

Dr. Mann's paper has given me food for reflection, and I have written it, in the hope that some more logical mind may point out the "Why."

Respectfully,

A. F., M.D.

MEDICAL NEWS AND MISCELLANY.

A PSYCHIATRO-CRIMINAL MUSEUM is to be established in Turin.

AN agitation has begun in France in favor of abolition of the thesis for the doctorate.

DR. CHARLES REBOUL, of Lyons, has been appointed Chevalier of Saint-Sylvestre.

DR. W. H. BROADBENT has been appointed Physician in Ordinary to the Prince of Wales.

M. POTIN has been appointed Professor of Minor Surgery at the Naval School of Medicine of Brest.

DR. POSERT, Professor of Physiology in the St. Louis College of Physicians and Surgeons, has resigned his chair.

DR. HEINRICH ROSENTHAL, the publisher of the Allgemeinen Aerztlichen Centralzeitung, died recently at the age of 58.

DR. JOSEPH HOFFMANN, the former director of of the Allgemeines Krankenhaus of Vienna, is dead at the age of 69 years.

THE Council of the Russian Empire has reported favorably of a proposition to establish at St. Petersburgh an Institute of Medicine for Women.

DR. FRANCIS J. METCALFE, a native of New York City, but for many years a resident of Florence, Italy, died, February 9th, at the age of 42 years.

CHANGE OF ADDRESS.—Mr. F. Bowreman Jessett, the Surgeon of London, has removed to 1 Buckingham Palace Mansions, Grosvenor Gardens, S. W.

THE French Society of Laryngologie, Otology, and Rhinology has been definitely reconstituted. Its annual meeting, as formerly, will take place at Paris in the early days of May.

PROF. A. PONCET, of Lyons, has been transferred from the chair of Operative Medicine to that of Clinical Surgery, left vacant by the death of Professor Tripier.

PEROXIDE OF HYDROGEN.—The Drevet Company, the manufacturers of Marchand's Peroxide of Hydrogen, have removed to 28 Prince Street, New York City.

DOCTEUR SCHNEE, Médecin du Consulat Impérial et Royal d'Autriche-Hongrie, of Carlsbad, Bohemia, called on the editor during his visit to the United States. The doctor looked in the best of health.

THE Thirteenth Annual Commencement of the Fort Wayne College of Medicine was held on Tuesday evening, March 8th, in the University Hall. Prof. G. W. McCaskey delivered the valedictory in behalf of the faculty.

NEW JERSEY MEDICAL SOCIETY.—Dr. E. L. B. Godfrey, of Camden, has been appointed Chairman of the Committee of Arrangements of the New Jersey Medical Society, which will meet at Atlantic City on the third Tuesday in June.

FEMALE STUDENTS IN PARIS.—The number has increased from 152 in 1890 to 252. Of these 134 belong to the faculty of medicine, the large majority being Russian. Three women, Russians, have obtained the degree of doctor of medicine.

DR. CYPRIEN DUFOURQ recently died at Metz, aged 92 years. The indefatigable devotion which he manifested toward the unfortunate had earned him the title of "father of the poor." He had been made Chevalier of the Legion of Honor in 1869.

DR. JOHN A. BOGER, Senior House-Surgeon at the Episcopal Hospital, after seven years of efficient service, retired from that institution last month to enter upon his private practice. Dr. Boger will also serve as surgeon of the new Thirty-second Ward Police District.

THE RESULT OF A WAGER.—A young man in Bridgeton, N. J., won $2, some weeks ago, on a wager that he could swallow two dozen raw eggs and twenty glasses of beer in a quarter of an hour, but it will go a short way in paying for his burial. The eggs were too much for him.

DR. W. A. MANASSEIN, who has been Professor of Special Pathology and Therapeutics in the Military Medical Academy of St. Petersburg for twenty-five years, took formal leave of his class, recently, on resigning that appointment, in order to devote his whole time to the editorship of the leading Russian medical journal, Vratch, of which he is the founder.

HONORS TO DR. ZAMBACO.—We learn from the Revue Médico-Pharmaceutique, of Constantinople, that Dr. Zambaco, pasha and grand officer of the Turkish orders of Osmanié and Médjidié, has received the medal of Iftihar. Our distinguished colleague, in recognition of his study of leprosy, has been awarded the Monthyon prize of 1500 francs by the Institute.

THE American Pharmaceutical Association, together with the State and local pharmacy organizations, are uniting to hold an auxiliary congress during the World's Columbian Exposition in Chicago, in 1893. The Chairman of the Pharmaceutical Committee, Dr. Oscar Oldberg, has issued a very courteous letter, asking pharmaceutical, chemical, and medical journals to assist in giving publicity to the call.

MISS MARIE BLANCHARD, of Fifteenth and Walnut Streets, has donated $2500 to the Children's Hospital of this city. Miss Blanchard has taken great interest in the work of this institution, and has heretofore contributed liberally to its support. The gift in this instance is for the establishment of a perpetual free bed, to be named "The Holy Trinity Bed," in honor of the church of which the donor is a member.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION. — The Eighteenth Annual Session of the society will be held at Cincinnati, Wednesday, Thursday, and Friday, October 12, 13, and 14, 1892. A large attendance and a valuable programme is expected. Chas. A. L. Reed, President, Cincinnati; E. S. McKee, M.D., Secretary, Cincinnati.

PROF. A. P. BUCHMAN, of the Fort Wayne College of Medicine has been transferred from the chair of Diseases of Children to the chair of Physiology and Clinical Medicine, made vacant by the death of Dr. Howard McCullough. Dr. Buchman has been connected with the faculty for a number of years, and will fill the chair to which he has been called to the satisfaction of all.

MEDICAL PRIZES OFFERED.—The medical faculty of the University of Tuebingen has offered two prizes for the best essays on each of the following subjects: "A Critical Résumé of Recent Theories of Glaucoma, Preferably Based Upon Original Experiments Upon the Eyes of Animals;" "The Influences, if Any, Exerted by Antipyrin, Antifebrin, and Phenacetin Upon the Conditions that Follow the Excessive Use of Alcohol."

THE death is announced of M. Jean-Baptiste Audouard, of Lyons, who had consecrated his fortune since 1865 to works of charity. He had gathered together, in a house in the rue Boileau, twenty-four old men whom he cared for and supported. He had founded an institution for deaf-mutes at Saint-Etienne, and a small hospital at

Jonzieux. Last December the Academy of Lyons awarded him the Livet prize of 2000 francs, which he devoted to philanthropic objects.

DEATH OF A MEDICAL STUDENT.—Last month Mr. Walter Stiles, son of Dr. William Stiles, residing at Fairmount Avenue and Twentieth Street, Philadelphia, a student in the Junior Class of the Medico-Chirurgical College, died suddenly, after a very short illness. The young man was a careful, industrious, and bright student, and his unexpected death has occasioned much sorrow among his class-mates.

PRESCRIBING OPTICIANS. — According to a decision recently given by a judicial authority at Havre, an optician who gives a patient advice as to the condition of his eyes and prescribes glasses to remedy defective vision is guilty (according to French law) of the illegal practice of medicine, just as if he had ordered remedies or given medical advice without possessing a diploma recognized by the law.—*British Medical Journal.*

THE KOROSI PRIZE.—Dr. Joseph Körösi, of Budapest, has offered the sum of $300 as a prize for the best essay on the "Objects of Demography and Its Progress in the Chief Countries of Europe and America." The competition remains open until January 1, 1894. The award will be made at the opening meeting of the next International Congress of Hygiene and Demography, at Budapest, in 1894. The essays may be in either the English, French, German, or Italian languages.

A DOCTOR DINES HIS PATIENTS.—A novel champagne dinner was given April 1st by Dr. A. K. Minich, of 145 Susquehanna Avenue, to four old gentlemen, whose ages aggregated 313 years. They had all been stricken with pneumonia at the same time, and Dr. Minich was their attending physician. None of them had ever met before, but they all enjoyed themselves hugely. The doctor decided to give the dinner to these patients on account of the rarity of recovery from pneumonia in the cases of persons of such advanced years. Their respective ages were 92, 79, 74, and 68 years.—*Public Ledger.*

PURE ANIMAL VACCINE LYMPH.—Mr. F. J. Rebman, of 40 Berners Street, London, England, the agent of Dr. Pissen's Pure Animal Vaccine Lymph, kindly sent the editor of the BULLETIN specimens of the pure and emulsified lymph which has been employed upon a number of cases with good results. The two specimens carried well across the Atlantic Ocean, and were in the best possible state of preservation, as the vaccinating with them here since demonstrated. We hope very soon to report the result of our examination of Dr. Pissen's lymph.

PROF. F. A. FLUCKIGER, the well-known author, and very able occupant of the Chair of Pharmacognosy and Pharmaceutical Chemistry at the University of Strasburg, has announced his intention of retiring at an early day from the position he has so long filled. It is proposed by some of his colleagues to make the occasion one of pleasant memory, and an inquiry is being made whether his associates and past pupils will join in making it an international affair in the shape of a Flückiger scholarship. Prof. Dr. A. Tschirsch, of the University of Bern, Switzerland, would be glad to hear from former pupils of Professor Flückiger and scientists who are in any way interested in the sciences to which such noble work has been given by Professor Flückiger.

UNIVERSITIES THROUGHOUT THE WORLD.—According to the yearly calendar of the universities of the world, which is published at Strassburg under the title of Minerva, the total number of universities and institutions of university rank throughout the world is 147. Paris heads the list with a total of 9215 students ; then comes Vienna with 6220, Berlin occupying the third place with 5527. Last of all comes Fourah Bay College in Sierra Leone, an institution affiliated to the University of Durham, which has 12 students and 5 professors,—a proportion of teachers to taught which recalls Artemus Ward's estimate of the number of brigadier-generals in the American army.—*Brit. Med. Jour.*

A NEW SPRING SCHOOL OF MEDICINE.—The University of the South, at Sewanee, Tenn., will open next April its new medical department. It is claimed that the cool mountain weather, already tested by the University for many years, will enable students to study and dissect at times when most of the schools of the country are closed. The faculty consists of several prominent Tennesseans,—notably Dr. J. S. Cain, of Nashville, and Dr. J. A. Witherspoon, of Columbia. Dr. H. W. Blanc, formerly of New Orleans, is Professor of Materia Medica, Therapeutics, and Dermatology, and Dean of the Faculty. The course is to be three years, and aims at a high standard similar to that of the University of Virginia. We wish good luck to the enterprise.

FEEDI A DELICATE BABY. — There are three poi to be considered, in feeding a delicate baby, writes Elizabeth Robinson Scovil in the April Ladies' Home Journal: 1. The kind of food. 2. The quantity given at once. 3. The time between meals. The kind of food must, of course, depend upon the child ; what agrees with one cannot be taken by another, while it exactly suit third. A good receipt is one tablespoonful of milk, two tablespoonfuls of cream, two tablespoonsful of lime-water and

three of boiled water, sweetened with a tiny pinch of milk-sugar. Make it milk-warm, and the food is ready for use. This is sufficient for one feeding for an ordinary-sized baby until it is two months old; after that, gradually increase the quantity without changing the proportion of the ingredients.

PROPOSED MEDICAL CONGRESS AT MADRID.—A meeting of representatives of the medical profession throughout Spain was held at Madrid the other day, under the presidency of Dr. Aguinaga, to consider the expediency of organizing a Spanish-American Medical Congress, to be held at Madrid this year, during the celebration of the quadricentenary of the discovery of America by Columbus. An influential committee was appointed to take the necessary steps for carrying the proposal into effect, and the Spanish government has promised to give all necessary facilities for the purpose.—*Brit. Med. Jour.*

MEDICAL STUDENTS IN PARIS.—Official statistics show that during the academic year 1890–91 the total number of students in the Paris Faculty of Medicine was 4074; of these, 809 were foreigners, the principal countries represented being Russia, the United States, Great Britain, Roumania, Turkey, Greece, and Switzerland. The lady students numbered 134; of whom 103 were Russians, 18 French, 6 English, 3 Roumanian, 2 Turkish, 1 Greek, and 1 American.

The number of foreign students who take a medical degree at Paris is very small, only 43 out of 803, or little more than one-twentieth of the whole having presented a thesis for the doctorate in 1890–91. The total number of candidates who took the degree in the Paris Faculty last year was 374.—*British Medical Journal.*

HAZELINE CREAM. — Through Burroughs, Welcome & Co., chemists of London, we have received some very fine specimens of Hazeline Cream in collapsible tubes. The cream is well prepared, and is composed, as the label shows, of hazeline (which is witch-hazel, an admirable remedy), lanolin, and cold-cream. The combination makes an elegant soothing emollient and mild astringent ointment. It possesses decided penetrating power upon the integument, and is a very excellent antiseptic fatty substance. This cream has been some time on the way from London to the States, and still it remains fresh and free from all evidence of rancidity. It has a most agreeable action upon the skin, especially when it is rough or irritable, rendering the surface soft, smooth, and elastic. As a toilet cream it is of great service, especially in chapping or in irritation from the atmosphere. We have likewise employed the Hazeline Cream in the treatment of alopecia or loss of hair with much benefit, the hair often resuming its natural gloss and polish under its use, and the irritation of the sebaceous glands being overcome. This cream has been found of service in acne, rosacea, subacute cases of eczema, erythema, abrasions, and excoriations upon different parts of the body.

SIR MORELL MACKENZIE.

The master rests. After the day of toil
An urgent message came to him, and he
Well used to sudden calls, in quiet haste,
With kind good-night went out and all was still.
And now his work is done; to him no more
Will come the suffering ones and those who need
The helping hand and words of goodly cheer.
His last response completed all his work.
O, strong and gentle heart, ours is the loss
Who knew thee well—and knowing loved thee more.
Ours is the loss and thine the great reward.
We crown thee victor, O thou kingly dead.

—DR. WM. PORTER, in the *Clinique.*

ALUMNI MEETING.—The Alumni Association of the Medico-Chirurgical College will hold its annual meeting on May 2d, at noon. At eight o'clock in the evening of the same day the Hon. John Wanamaker, Postmaster General of the United States, will deliver an address before the Association in the amphitheatre of the college building, Cherry below Eighteenth Street. Following the address a dinner will be tendered the orator.

THE second annual meeting of the American Electro-Therapeutic Association will be held in New York, October 4, 5, and 6, 1892, at the New York Academy of Medicine, 17 West Forty-third Street. W. J. Morton, M.D., President; H. R. Bigelow, M.D., Secretary.

DEATH OF DR. JOHN S. STEWART.—The many friends of Dr. John S. Stewart were shocked last month to learn of his sudden death. The doctor graduated from the Medico-Chirurgical College of Philadelphia, in the class of 1885, and for some time had devoted his attention to the study and treatment of diseases of the eye. He was Secretary of the Alumni Association of his Alma Mater, Assistant Secretary of the Philadelphia County Medical Society, and Ophthalmic Surgeon to the Philadelphia Lying-in Charity. Dr. Stewart, during his brief but industrious professional life, was most active with his pen in recording matters of interest in his special work. The last article on "The Use of Gelatin Discs in the Eye," a very able contribution, was read by the doctor before the Philadelphia County Medical Society March 23d, and appeared in the Times and Register April 9, 1892. Dr. Stewart was not only an active and industrious student and practitioner, but he was most popular with

all physicians and patients he came in contact with in the discharge of his duties. His college-teachers, fellow-students, and all the alumni of the Medico-Chirurgical College deeply mourn his loss to themsevles, his profession, and to the institution he so ably represented.

INVALID WOMEN.—The managers of the Seaside House for Invalid Women desire to invite the attention of clergymen and physicians to the advantages offered to poor, sick women, by the Mercer Memorial House at Atlantic City. In it a comfortably furnished private room, with board, nursing, medical treatment, and medicines, can be had for four dollars per week, or about one-half the actual cost. Circulars can be had by writing for them to the Mercer Memorial House, Ohio and Pacific Avenues, Atlantic City, N. J. No one is ever admitted without previous application. The house will be open in 1892 from March 23d to October 1st.

MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The Chairs of Obstetrics and Gynæcology have become vacant through the resignation of Dr. E. E. Montgomery.

ATMOSPHERIC TRACTOR.—Dr. P. McCahey gave a series of lectures recently to the students of Jefferson Medical College, explanatory of the principles and methods of the use of the atmospheric tractor, the uterine safety-tube, and the cranial sound-transmitter. The first two were designed to render parturition safe and comparatively painless; the other is an aid in the diagnosis of diseases within the cranium.

REMOVAL.—Dr. H. S. Herman, who formerly was situated at the State Line, Franklin County, Pa., is now located at 231 W. Franklin Street, Hagerstown, Md.

THE TREATMENT OF CONVALESCENCE FROM INFLUENZA.—In a recent clinical lecture upon this subject at the Bichat Hospital, Paris, Professor Huchard remarked that *La Grippe* does not terminate with the disappearance of its acute stage, for, after the microbian period, the patient really has a disease on his own account, which must be considered as made up of the various consequences of the earlier pathological condition. Undoubtedly, tonics and antiseptics are indicated in this state. Iodine and tannin have been advantageously employed for the purpose cited. Dujardin-Beaumetz, Huchard, and Lépine have used these medicaments as combined in Vin Nourry Iodotone, or Nourry's iodinated wine, a preparation by which full therapeutic doses of iodine may be administered continuously without giving rise to gastric or other disturbances.—*La Semaine Médicale*, February 10, 1892.

DR. A. M. FERNANDEZ, of 140 West Tenth Street, New York, has been appointed Spanish-speaking Secretary of the Section of Anatomy and Biology of the Pan-American Medical Congress. Dr. Fernandez is well known in the medical profession of all the Spanish-speaking nations, having been elected corresponding member of several medical societies and academies in those countries.

NEW CHAIRS AND PROFESSORS AT THE JEFFERSON MEDICAL COLLEGE.—The Board of Trustees of the Jefferson Medical College, at their meeting, April 7, 1892, instituted a Chair of Clinical Gynæcology, with a seat in the Faculty, and elected to the new Chair Dr. E. E. Montgomery, who has been for a number of years Professor of Gynæcology in the Medico-Chirurgical College. They also established the following Clinical Professorships, electing Dr. F. X. Dercum, Professor of Nervous Diseases; Dr. E. E. Graham, Professor of Children's Diseases; Dr. H. Augustus Wilson, Professor of Orthopædic Surgery; Dr. H. W. Stelwagon, Professor of Dermatology; and Dr. W. M. L. Coplin, Adjunct Professor of Hygiene.

DR. RICHET, the famous physician, who died, a short time ago, of pulmonary congestion, in Paris, described and analyzed the course of the ailment minutely and with the greatest precision, for several days preceding his death, for the benefit of his attending physicians, one of whom was his son. His last words were, when, with hardly any vitality left, he told them: "When the phenomenon which you have just ascertained has occurred every chance is lost, and death is only a question of seconds. In fact, you see it, I am going to die. . . . I am dying." . . . And so the man, who was his own clinical subject, died.

DEATH OF DR. LEWIS P. BUSH.—Dr. Lewis P. Bush, a prominent physician of Wilmington, Del., died, on March 5th at the age of 80 years. Dr. Bush was President of the State Board of Health, President of the Board of Managers of Delaware College at times, Port Physician, and President of the City Board of Health. He was deeply interested in the Delaware Historical Society, the Delaware Bible Society, etc. In 1886 he was President of the American Academy of Medicine.

THE anniversary dinner of the Medical Society of London was held at the Whitehall Rooms, Hôtel Métropole, on March 12th.

OBSTETRICS AND DISEASES OF WOMEN.—The Chairman of the Section of Obstetrics and Diseases of Women would be glad to receive the titles of proposed papers from those who desire to take part in the proceedings of the Section at the next meeting of the Association, as it is

important that the titles should be presented as early as possible, in order to make proper arrangements for their careful consideration and discussion.—E. E. MONTGOMERY, 1818 Arch Street, Philadelphia, March 5, 1892.

THE INTERNATIONAL MEDICAL CONGRESS OF 1893.—The profession in Italy is sparing no pains to make this meeting as conspicuous a success as the best of its predecessors. At a recent sitting in Rome an organizing committee was formed, with Dr. Bacelli as its President; Prof. Edoardo Maragliano, of Genoa, General Secretary; the Commendatore Professor Pagliani (head of the Public Health Department of Italy), Treasurer; and the Commendatore Signor Ferrando, Steward (*economo*). There were also elected by ballot the heads of the fourteen sections over which the work of the Congress is to be distributed, to wit.: Anatomy, Physiology, Clinical Medicine, Gynæcology and Obstetrics, General Pathology and Pathological Anatomy, Pharmacology, Surgery and Orthopædics, Psychiatry and Neuro-pathology, Ophthalmology, Dermo-syphilopathy, Legal Medicine, Hygiene, Laryngology and Otology, Naval and Military Sanitation. The committee is at this moment engaged in constituting local or sub-committees for the whole kingdom, to consist of the leading practitioners of every province. All this procedure is on the lines of the Berlin committee, which will also be imitated in giving to each provincial representative a distinctive badge, to be worn during the Congress. The committee, moreover, is proceeding to the election of foreign committees, with a view to secure the presence at the Congress of the leading members of the profession in all parts of the world, so as to make the gathering as truly an international one as possible, worthy of its predecessors and worthy of Rome. The time of meeting has been fixed for September, the month in which the climate of Central Italy is at its best, when in Rome there is no risk whatever from malaria, and when the profession, particularly of Northwestern Europe, can best be spared from home.—*The Lancet.*

SCHOOL OF ANATOMY.—The result of the annual examination by Dr. Henry C. Boenning, at the Philadelphia School of Anatomy, held last month, was as follows: Edward Caspersonn, D.D S., of New South Wales, Australia, was awarded the first prize—a gold medal—for the best paper and best practical work in anatomy and surgery, and honorable mention was made of the papers of G. H. Crabtree, J. F. Shoemaker, B. F. Brubaker, and J. R. Hunter.

THE committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sections of the Association will hold an adjourned meeting in the Hotel Cadillæ, Detroit, Mich., June 6th, at 3 P.M. Members of the committee are requested to notify the chairman of their intention to be present at this meeting. The committee would esteem it a favor if each member of the Association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the chairman of the committee, John S. Marshall, M.D., 9 Jackson St., Chicago.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. — The forty-second annual meeting will be held in Harrisburg, on Tuesday, Wednesday, Thursday, and Friday, May 17, 18, 19, and 20, 1892, commencing on Tuesday, May 17th, at 9 A.M. The following addresses are announced: "Practice of Medicine," Dr. J. H. Musser, Philadelphia; "Surgery," Dr. T. D. Davis, Pittsburgh; "Obstetrics," Dr. H. G. McCormick, Williamsport; "Mental Disorders," Dr. J. W. Phillips, Clifton; "Otology," Dr. G. R. Rohrer, Lancaster; "Hygiene," Dr. A. A. Woods, Erie.

CHATTANOOGA MEDICAL COLLEGE. — The annual commencement exercises of this college were held March 15th, the annual address being delivered by Robert Batty, M.D., LL.D., of Rome, Ga., and the remarks on behalf of the Faculty by Prof. N. C. Steele. Thirty-seven of the Senior Class received the degree of Doctor of Medicine. The invitations issued by the college were both well arranged and very attractive.

MISSOURI MEDICAL COLLEGE.—The fifty-first annual commencement of this institution was held March 15th, at which time Prof. Geo. Englemann delivered the valedictory address.

DR. H. M. WHELPLEY, of St. Louis, Mo., continues most active in his attention to duties, both in the societies and the many journals to which he contributes.

THE SPECIALTY OF DENTISTRY.—At the twenty-ninth annual commencement of the Philadelphia Dental College, Dr. S. H. Guilford, Professor of Operative and Prosthetic Dentistry, spoke as follows to the graduates: "Before parting with you, and sending you forth on your mission in life, allow me to congratulate you, especially upon entering your chosen profession at a time when she has attained an honorable place in the estimation of mankind at large and her sister professions as well. Twenty-nine years ago there were but 4 institutions in this country in which our specialty was taught; to-day there are no less than 33 scattered among the different States. At the time mentioned the combined

attendance of pupils at the 4 institutions was less than 100, whereas last year there were 3100 students at the various colleges in the United States. In 1864 38 students took degrees in dentistry, while in 1891 1241 diplomas were issued to graduates in this country alone. Sixteen hundred graduates have gone forth from the Philadelphia Dental College in the twenty-nine years of her existence. Certainly this is a wonderful showing. Aside from legislative enactment, and in conformity with the spirit of the times," the speaker continued, "the various dental colleges in this country have combined to raise the standard of education and elevate the status of the profession with most gratifying results. Another advancement that has been made since our school came into existence, and which she was one of the earliest to favor, has been the admission of women as pupils. Recognizing that the character of our occupation was such as to afford a legitimate opportunity for the exercise of those qualities of heart, mind, and hand with which woman is so generously endowed, she has from the first been welcomed to the ranks of our profession, and for many years she has graced, as she does to-night, the graduating classes of this institution."

THE PHILADELPHIA DENTAL COLLEGE.—One hundred and forty-two graduates received their degrees from the Philadelphia Dental College at the twenty-ninth annual commencement held in this city some weeks ago. The class includes students from a number of States of the Union and forty from foreign countries, or 28 per cent. of the total number, while seven degrees were conferred upon women.

DR. S. MACCUEN SMITH, of Philadelphia, has removed to 1502 Walnut Street.

DR. THOMAS HAMMOND, of Washington, D.C., visited Philadelphia, some weeks ago, on his way to his father's home in Berlin, Maryland.

MEDICAL PEDAGOGICS.—The Pan-American Medical Congress which is to meet in Washington has added to its section one on medical pedagogics, the chairman of which is Dr. D. B. St. John Roosa.

THE PRACTITIONER'S MONTHLY.—Dr. C. L. Dodge and Dr. J. Chambers, of Kingston, New York, have issued the first number of the Practitioner's Monthly,—a journal containing much original material and being well edited upon medical subjects.

THE AMERICAN MEDICAL ASSOCIATION.—The forty-third annual session of the American Medical Association will be held in Detroit, Mich., on Tuesday, Wednesday, Thursday, and Friday, June 7th, 8th, 9th, and 10th, commencing on Tuesday, at 11 A.M.

The following amendments to the by-laws will be considered: 1. That Thursday morning's general session be omitted, and the time be devoted to sectional work. 2. That the Committee of Necrology be abolished, and the work of that committe be made the duty of the editor of the Journal. 3. That all business matters of the Association be referred, without discussion or comment, to an Executive Committee composed of two members, to be appointed by each State Society in affiliation with this Association, who shall carefully consider and recommend such action as they may deem most advisable. 4. That the time of meeting of the Sections be from 9 A.M. to 12 M., and from 2 to 6 P.M., and that the time of the general sessions shall begin at 12 M. and continue until adjournment. 5. That Wednesday be the day for the delivery of the President's address.

Addresses will be delivered before the Association as follows: On "General Medicine," by Dr. J. S. Cain, Nashville, Tenn.; on "General Surgery," by Dr. John B. Hamilton, Chicago, Ill.; on "State Medicine," by Dr. Charles A. Lindsley, New Haven, Conn. Dr. Henry O. Walker, 27 Adams Avenue East, Detroit, Mich., is Chairman of the Committee of Arrangements.

The officers of the Sections are: Practice of Medicine, Dr. R. T. Edes, Chairman, Jamaica Plains, Mass.; Dr. J. M. French, Secretary, Cincinnati, O. Obstetrics and Diseases of Women, Dr. Edward E. Montgomery, Chairman, Philadelphia, Pa.; Dr. F. H. Martin, Secretary, Chicago, Ill. Surgery and Anatomy, Dr. J. McF. Gaston, Chairman, Atlanta, Ga.; Dr. F. W. Mann, Secretary, Detroit, Mich. State Medicine, Dr. Benjamin Lee, Chairman, Philadelphia, Pa.; Dr. L. F. Flick, Secretary, Philadelphia, Pa. Ophthalmology, Dr. J. L. Thompson, Chairman, Indianapolis, Ind.; Dr. George De Schweinitz, Secretary, Philadelphia, Pa. Laryngology and Otology, Dr. Charles H. Burnett, Chairman, Philadelphia, Pa.; Dr. A. B. Thrasher, Secretary, Cincinnati, O. Diseases of Children, Dr. Edward F. Brush, Chairman, Mount Vernon, N. Y.; Dr. B. A. Waddington, Secretary, Salem, N. J. Oral and Dental Surgery, Dr. J. Taft, Chairman, Cincinnati, O.; Dr. E. S. Talbot, Secretary, Chicago, Ill. Neurology and Medical Jurisprudence, Dr. Harold N. Moyer, Chairman, Chicago, Ill.; Dr. George R. Trowbridge, Secretary, Danville, Pa. Dermatology and Syphilography, Dr. L. Duncan Bulkley, Chairman, New York, N. Y.; Dr. J. C. McGuire, Secretary, Washington, D. C. Materia Medica and Pharmacy, Dr. F. Woodbury, Chairman, Philadelphia, Pa.; Dr. W. L. Whelpley, Secretary, St. Louis, Mo. Physiology and Dietetics, Dr. C. H. A. Kleinschmidt, Chairman, Washington, D. C.; Dr. Ephraim Cutter, Secretary, New York, N. Y.

BOOK REVIEWS.

A Treatise on Bright's Disease of the Kidneys: Its Pathology, Diagnosis, and Treatment. By HENRY B. MILLARD, M.A., M.D., Fellow of the Academy of Medicine of New York, etc., with numerous original illustrations. Third edition. Revised and enlarged. New York: William Wood & Co., 1892.

Each succeeding issue of this work shows an increased improvement upon the previous one. The author is a well-known writer and thinker, and he has kept the subject up to date in all the additions to this third edition. The pathology of the various stages and the diagnosis is clearly and carefully given, so as to be easily comprehended by the reader. The most decided progress in Bright's disease has been made in the treatment, and the author has availed himself of all the additions of drugs, in explaining their value and action to his readers. In writing of acute nephritis, Dr. Millard says that the use of diuretin was followed, in cases, by speedy relief, the urine returning and the uric acid disappearing. This remedy, he further states, must be freely given. Among the other measures and remedies the author mentions, for acute nephritis, are: diaphoresis, by means of baths,—wet-sheet and blanket baths,—the use of jaborandi, and its alkaloid pilocarpine. The latter remedies are of much value, particularly if œdema or dropsy be present. Squills, scoparius, cantharides in small doses, digitalis, convallaria majalis, ulex diureticus, adonis vernalis, turpentine, colchicum, iron, and ergot are among some of the other drugs recommended for the acute form of the disease by the author. Dr. Millard makes strong and valuable reference to food in the treatment of acute Bright's disease. He especially emphasizes that in great irritability of the stomach the milk should be peptonized. Kumyss is also highly recommended on account of its being well borne, being a tonic, nutritious and refreshing.

In the consideration of chronic Bright's disease, again much stress is given to the diet, milk being especially commended. It is remarkable how well the strength of an adult, he remarks, can sometimes be maintained by milk diet. Kumyss is also advised at this stage, both by reason of its nutrition and the small per cent. of alcohol that it contains benefits the system generally, and has at the same time a somewhat diuretie effect. As regards the curability of the disease in the chronic stage, Dr. Millard maintains that it can be accomplished, providing the patient is properly treated, and the organic change be not too extensive and advanced.

Diseases of the Urinary Apparatus—Phlegmasic Affections. By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. New York; D. Appleton & Company, 1892.

Dr. Gouley has long and famously been known as a writer and a clinical worker upon the subject of diseases of the urinary apparatus. He has presented in this compact, well-arranged, and excellent volume twelve lectures upon the diseases just referred to. All the important affections are referred to in a clear, systematic, and thorough manner by one who shows he is a master of his special department. While all the text is practical and good, we can only direct the attention of our readers to some of the more important diseases that are considered. One that no doubt taxes the ability and the patience of many practitioners is chronic urethritis, of which the author treats in his twelfth lecture. In the diagnosis of chronic urethritis, Dr. Gouley points out that it should be remembered that all urethral discharges do not necessarily indicate the disease. Thus, he adds, a clear, glairy discharge emanates from urethral crypts without phlegmasic action, and likewise an extremely viscid discharge comes from the tubo-bulbo-urethral glands. A purulent discharge may, likewise, come from the vesico-urethral region, from the prostate, or from the seminal vesicles. The true basis, the author states, of the diagnosis of chronic urethritis rests upon a complete history of the case, gross, and microscopical inspection of the discharge, and exploration of the urethra with the bulbous bougie or with the urethroscope. The author thus gives his readers very valuable advice, and, if his recommendations were more frequently followed, cases, as a a rule, of this very obstinate disease, would be better treated, and the cures would be a larger percentage of the cases under the attention of the physician. In writing of the treatment of granular urethritis of the membranous and prostatic regions, particularly in case of co-existing chronic gonocystitis, the strength, Dr. Gouley says, of the nitrate-of-silver solution employed, may with advantage be increased to three, four, or even five grains to the ounce, as three or four ounces only need be used every four or five days. In cases which sometimes resist this treatment the author recommends the sulphate of copper, but preference is always given to the nitrate of silver. The work contains, in reference to the disease just referred to, and in many others, choice and valuable practical views of one of the best masters, in this special department, in the world.

Transactions of the American Orthopædic Association. Fifth Session, held at Washington, D. C., September 22, 23, 24, and 25, 1891. Volume iv. Published by the Association. Pub-

lishing Committee, John Ridlon, M.D., Chairman; Benjamin Lee, M.D.; James K. Young, M.D. Philadelphia, 1891.

Well-prepared and arranged Transactions of associations are rare. In many cases the papers are poorly arranged or the composition is bad. Again, the proceedings of other associations, even when the subject-matter is in the best possible state, is printed on ordinary paper, with miserable cuts, and the binding hardly good enough to hold the leaves together. The Transactions, however, before us, is a model and a credit to the Association from which it emanates. Paper, type, cuts, and binding are handsome and attractive. The address and papers, with the accompanying discussions, abound in original work, and demonstrate the care with which this volume has been prepared.

The Uses of Water in Modern Medicine. By SIMON BARUCH, M.D., Attending Physician to Manhattan General Hospital, N. Y., etc., etc. Volume i. Detroit, Mich.: George S. Davis, 1892.

The author of this work has long been known as a careful and good observer upon all medical topics. He has devoted much time and labor to studying the action of water upon the system, and his writings have always been admirable upon this important agent. In volume i Dr. Baruch has given the definition and history, mode of action, and technique and clinical application of hydrotherapy. The last chapter shows, in a large number of clinical instances, the good as well as the evil action of water. The book contains much information, especially of clinical service, and practitioners can obtain many useful thoughts as to the proper application and use of water in the treatment of disease.

Lectures on Tumors from a Clinical Stand-point. By JOHN B. HAMILTON, M.D., LL.D., Professor of Principles of Surgery and Clinical Surgery, Rush Medical College, Chicago, etc., etc. For the use of students. Second edition. Detroit, Mich.: George S. Davis, 1892.

The call for another edition of this practical work demonstrates its value to the physician. The author has made the text so clear and simple as to be most attractive to both student and physician. We called attention to the various chapters in our first review of this volume, and need only add that Dr. Hamilton has brought this issue fully up to the progress made, especially upon the pathology of tumors. The text, particularly in the many interesting cases recounted, renders the work of much value to the practicing physician. We regret that the publisher has not given better-executed diagrams to accompany the important and practical subject-matter of the volume.

The Household Idol. By MARIE BERNHARD, author of the "Rector of St. Luke's." Translated by ELISE L. LATHROP. One volume, 12 mo, half-rox, $1.25; paper, 75 cents. Worthington Company, 747 Broadway, New York.

This, the latest novel of Marie Bernhard, author of "The Rector of St. Luke's," is a charming story of life among the highest circles of society, the scene being laid at the present time. The heroine, "The Household Idol," is the beauty and belle of all Hamburg, idolized by parents and friends. One of the chief personages is a celebrated artist, and the book contains graphic descriptions of studio life. The interest is fully sustained throughout the entire story, the characters being drawn with singular clearness and fidelity.

CURRENT MEDICAL LITERATURE.

Report of Cases of Cholecystotomy, with Special Reference to the Treatment of Calculus Lodging in the Common Duct. By A. Vander Veer, M.D., Albany, N. Y. Reprinted from Transactions, 1891.

Addresses and Essays. By G. Frank Lydston, M.D., Fellow of the Chicago Academy of Medicine and of the Southern Surgical and Gynæcological Association; Professor of Genito-Urinary Diseases and Syphilology, Chicago College of Physicians and Surgeons.

Notes on Cephalometrical Measurements. By Charles H. Merz, A.M., M.D.

An Address to the Citizens of Pennsylvania and New Jersey on Horse-racing and its Attendant Evils. By the Representatives of the Religious Society of Friends for Pennsylvania, New Jersey, and Delaware.

Concealed Pregnancy: Its Relations to Abdominal Surgery. By Albert Vander Veer, M.D., Professor of Didactic, Abdominal, and Clinical Surgery in the Albany Medical College; Fellow of the British Gynæcological Society; Fellow of the American Association of Obstetricians and Gynæcologists; Corresponding Member of the Boston Gynæcological Society, etc.

Retro-peritoneal Tumors: Their Anatomical Relations, Pathology, Diagnosis, and Treatment. With a Report of Cases. By Albert Vander Veer, M.D., Consulting Surgeon to St. Peter's Hospital; Attending Surgeon, Albany Hospital, Albany, N. Y.; Professor of Didactic, Clinical, and Abdominal Surgery, Albany Medical College.

Third Annual Report on the Statistics of Railways in the United States to the Interstate Commerce Commission, for the Year Ending June 30, 1890.

COMMERCIAL NEWS.

A Case of Opium Habit Cured by "Concentrated Tincture of Avena Sativa."

Editor Medical World: Believing that a report of the following case will be of interest to many readers of The Medical World, I feel it my duty to report it for the benefit of such.

P. F., M.D., of Boston, Mass., wrote me on March 1, 1891, giving me the following history :—

"I am 60 years of age. Have been an opium eater since 1865. I have used an ounce of gum opium every week during the past year. I took it as a last resort for chronic diarrhœa,—the result of malarial poison in my system. On January 28, 1891, I, by chance, saw your name in a pamphlet of B. Keith & Co.'s, giving your experience with their 'Concentrated Tincture Avena Sativa' in opium addiction. I began its use in 15-drop doses, increasing the dose as you directed. I also made thirty-two powders of opium, graded from my full dose down to 1 grain, and took one each day at bed-time only. I have taken five bottles of the Avena up to this date. I am obliged to take now, at bed-time, 1-16 grain of morphine on account of spasmodic twitchings of right arm and leg. Am weaning off from the Avena. I have no desire for any larger dose of opiates, but am troubled at night with frequent yawning and sneezing. I sleep nicely every other night, but no sleep during the night between. My memory and general health are very much improved. My eyesight is so much improved that I have quit my glasses. I thought you could tell me what to do to kill the after-effects of the infernal opium. If you can, you will confer a lasting favor upon a brother physician." . . . .

I immediately answered him in substance, as follows: "Stop your 1-16 grain of morphine immediately, and instead of weaning yourself from the Avena, increase the dose to one teaspoonful and gradually to two teaspoonfuls, if necessary, every two hours. Use no other remedy for your nervous system. Time enough to stop the Avena when all abnormal symptoms due to the opium have ceased. Please report results."

On March 22, 1891, he wrote me again, as follows.—

"Your letter was duly received, and contents noted and approved. After writing you, I dropped the small dose of morphine, and have not taken any since. On receipt of your letter I began the Avena as you directed, and am still taking it, but in diminished doses. I still have that inveterate yawning, stretching, and sleepless nights. The subsultus tendinum is nearly all gone. . . . . Otherwise I feel splendidly, and am gaining in flesh and spirits. I feel twenty years younger. I will now give you the effects of B. Keith & Co.'s Concentrated Tincture Avena Sativa in my case. It has cured me of chronic cystitis completely, and wholly removed all the old pains in both kidneys, all abnormal conditions of urine, and also restored my sexual powers to their olden-time activity. It has also removed all chronic rheumatism from my joints, and the enlargements have almost entirely disappeared." . . . .

I append a few extracts from a letter received from him, dated July 16, 1891 :—

"I have not taken one particle, either in powder or liquid form, of opium since my last letter to you in March. I am feeling perfectly well, except from symptoms produced by valvular heart disease, which I have had since 1864. I weigh 226 pounds and am on the gain. The cure was wholly due to 'B. Keith & Co.'s Concentrated Tincture Avena Sativa.' It took fifteen bottles to perform a cure in my case of over twenty years' standing. I am a new man all over. My memory has returned as fresh as in youth. I have cured several cases since, but not of as long standing as my own." . . . .

Also from a letter dated October 8, 1891 :—

"Dear Doctor:—Your note of inquiry just received. Yes, I am perfectly free from the use of opium in all its forms; and, in fact, take nothing of the sort whatever. I am 21 once more. I have recovered all my old vitality, with the exception of the heart disease before referred to. I have no desire for the old stimulant, and am as free as a newly born child." . . . .

Now, the above report given me by P. F., M.D., of his own case, speaks for itself, and proves that the opium habit can be cured, and, too, by a remedy within the reach of every physician. Of course, his battle is not ended, for if he should carelessly administer to himself, for any cause whatever, a single dose of the drug, he would undoubtedly become again a slave to its subtle power. This condition of the system will undoubtedly last for a considerable length of time. Nevertheless, his case cannot be counted anything but a cure.

A. W. Cottrell, M.D.

Myerstown, Pa.

Diseased Appetite of Hysterical Women.

℞ Tinct. ignatiæ, . . 1 drachm.
Celerina (Rio), . . 4 oz.
M. Sig.: Teaspoonful three times daily.

Habitually Moist Feet.

This is found most frequently in such persons as live well and take little exercise; also, in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot-baths of a strong solution of Extract of Pinus Canadensis (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid mixed with lycopodium, oxide of zinc, or other inert powder, constantly applied inside the stockings.—*Dr. Jamison's Periscope in Edinburgh Med. Jour.*

Thompson's Malted Beef.

Thompson's Malted Beef has met with more than ordinary success. Its pleasant taste and highly nutritious qualities are among its strongest recommendations.

(Continued on page 18 of advertisements.)